



FORM A: FACE PAGE

*This form requests basic information about the Applicant and project, including the signature of the authorized representative. The face page is the cover page of the proposal and **must be completed in its entirety**.*

Applicant Organization Information

Legal Name	Texas Pregnancy Care Network
Legal Doing Business As (DBA) Name:	
Mailing Address Include street address, city, county and ZIP	1101 South Capital of Texas Highway, Building K, Suite 250, Austin, Travis County, Texas 78746
Physical Address <i>If different from Mailing Address</i> Include street address, city, county and ZIP	Click here to enter text.
Payee Name and Address <i>If different from Mailing & Physical Address</i> Include street address, city, county and ZIP	Click here to enter text.
Website For public use to access information about services	www.texaspregnancy.org
Phone Number Include number clients contact to access services	512-637-7011 877-345-7734
Federal Tax ID Number	76-0802397
DUNS Number	62-120-6221
Type of Entity	<input checked="" type="checkbox"/> Nonprofit Organization

Project Information

Name of Project Contact This person will oversee the day-to-day duties of grant project	John McNamara
Title of Project Contact	Executive Director
Phone	512-637-7011
Email	john@texaspregnancy.org
Name of Fiscal Contact This person will oversee grant expenditures and finances	John McNamara
Title of Fiscal Contact	Executive Director
Phone	512-637-7011
Email	john@texaspregnancy.org
Name of Proposed Project	Texas Alternative to Abortion Services Program
Total Project Cost From Form L and M	\$33,725,000.00
Funds Requested	\$ 33,725,000.00
Proposed Project Service Area by Region List Region served from Section 2.5.1	1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11





FORM B: ENTITY INFORMATION AND CONTRACT AND LITIGATION HISTORY

*This form provides information regarding identification and contract history of the Applicant, executive management, project management, governing board members, and/or principal officers. Applicant must respond to each request for information and **provide the required supplemental document behind this form.** If responses require multiple pages, identify the supporting pages/documentation with the applicable request.*

NOTE: Administrative Information may be used in screening and/or evaluating proposals.

Identifying Information

1. The Applicant must attach the following information:

Nonprofit Entity complete Form B and C.

Full names (last, first, middle), addresses, telephone numbers, titles and occupation of members of the Board of Directors or any other principal officers. Indicate the office held by each member (e.g. chairperson, president, vice-president, treasurer, etc.).

2. Is Applicant a nonprofit organization?

☒ **YES** ☐ **NO** See attached statement

If YES, Applicant must include evidence of its nonprofit status with the proposal. Any one of the following is acceptable evidence. Check the appropriate box for the attached evidence.

- ☒ A copy of a currently valid IRS exemption certificate.
- ☐ A statement from a State taxing body, State Attorney General, or other appropriate State official certifying that the Applicant organization has a nonprofit status and that none of the net earnings accrue to any private shareholders or individuals.
- ☐ A copy of the organization's certificate of formation or similar document if it clearly establishes the nonprofit status of the organization.
- ☐ Any of the above proof for a State or national parent organization, and a statement signed by the parent organization that the Applicant organization is a local nonprofit affiliate.

Conflict of Interest and Contract and Litigation History

The Applicant must disclose any existing or potential conflict of interest relative to the performance of the requirements of this RFA.

Examples of potential conflicts include an existing or potential business or personal relationship **between the Applicant, its principal, or any affiliate or subcontractor, with the Health and Human Services Commission, the Program Administrator, or any other entity or person involved in any way in any project that is the subject of this RFA.**



FORM B: ENTITY INFORMATION AND CONTRACT AND LITIGATION HISTORY *continued*

Similarly, any existing or potential personal or business relationship between the Applicant, the principals, or any affiliate or subcontractor, with any employee of the Health and Human Services Commission or the Program Administrator must be disclosed.

Any such relationship that might be perceived, or represented as a conflict, must be disclosed. Failure to disclose any such relationship may be cause for contract termination or disqualification of the proposal. If, following a review of this information, it is determined by HHSC that a conflict of interest exists, the Applicant may be disqualified from further consideration for the award of a contract.

- 3. Does anyone in the Applicant organization have an existing or potential conflict of interest relative to the performance of the requirements of this RFA?**

☐ YES ☒ NO See attached statement

If YES, detail any such relationship(s) that might be perceived or represented as a conflict. (Attach no more than one additional page.)

- 4. Will any person who received compensation from Health and Human Services Commission (HHSC) for participating in the preparation of the specifications or documentation for this RFA participate financially with Applicant as a result of an award under this RFA?**

☐ YES ☒ NO

If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation.

- 5. Will any provision of services or other performance under any contract that may result from this RFA constitute an actual or potential conflict of interest or create the appearance of impropriety?**

☐ YES ☒ NO

If YES, detail any such actual or potential conflict of interest that might be perceived or represented as a conflict. (Attach no more than one additional page.)

- 6. Are any current or former employees of the Applicant current or former employees of HHSC (within the last 24 months)?**

☐ YES ☒ NO

If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation.



FORM B: ENTITY INFORMATION AND CONTRACT AND LITIGATION HISTORY
continued

7. Are any proposed personnel related to any current or former employees of HHSC?

☐ YES ☒ NO

If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation.

8. Has any member of Applicant's executive management, project management, governing board or principal officers been employed by HHSC 24 months prior to the proposal due date?

☐ YES ☒ NO

If YES, indicate his/her name, job title, agency employed by, separation date, and reason for separation.

9. If the Applicant is a private nonprofit organization, does the executive director or other staff serve as voting members on the organization's governing board?

☐ YES ☒ NO

10. Is Applicant or any member of Applicant's executive management, project management, board members or principal officers:

- Delinquent on any state, federal or other debt;
 - Affiliated with an organization which is delinquent on any state, federal or other debt;
- or
- In default on an agreed repayment schedule with any funding organization?

☐ YES ☒ NO

If YES, please explain. (Attach no more than one additional page.)

11. Has the Applicant had a contract suspended or terminated prior to expiration of contract or not been renewed under an optional renewal by any local, state, or federal department or agency or non-profit entity?

☐ YES ☒ NO

If YES, indicate the reason for such action that includes the name and contact information of the local, state, or federal department or agency, the date of the contract and a contract reference number, and provide copies of any and all decisions or orders related to the suspension, termination, or non-renewal by the contracting entity.



FORM B: ENTITY INFORMATION AND CONTRACT AND LITIGATION HISTORY
continued

- 12. Does this proposal include financial participation by a person or entity that has been convicted of violating federal law, or been assessed a penalty in a federal civil administrative enforcement action, in connection with a contract awarded by the federal government for relief, recovery or reconstruction efforts as a result of Hurricanes Rita or Katrina or any other disaster occurring after September 24, 2005, under Government Code 2261.053?**

☐ YES ☒ NO

If YES, please explain. (Attach no more than one additional page.)

- 13. Has Applicant had a grant/contract with HHSC within the past 24 months?**

☒ YES ☐ NO

If YES, list the HHSC contract and attachment number(s):

HHSC Contract Number(s)

529-16-0004-00001-B
529-16-0004-00001-A
529-16-0004
529-10-0013-00001F

- 14. Applicant must disclose any civil or criminal litigation or investigation pending over the last five (5) years that involves Applicant or in which Applicant has been judged guilty or liable. Failure to comply with the terms of this may disqualify the Applicant.**
 N/A

- 15. At its discretion, HHSC may require the Applicant to disclose information regarding the application for or award of state, federal, and/or local grant funding by the Applicant or Community Collaborative member organization within the past two (2) years to provide mental health care services and treatment to veterans and their families. Applicant may elect to disclose this information as part of the application.**
 N/A

ALL ADDITIONAL PAGES REQUIRED BY RESPONSES TO FORM B SHOULD BE INSERTED HERE.



Attachment to Question 2

OCT 10 2006

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: OCT 05 2006

TEXAS PREGNANCY CARE NETWORK
12805 RESEARCH BLVD STE 207
AUSTIN, TX 78750

Employer Identification Number:
76-0802297
DAN:
17053307015016
Contact Person:
WINNIE W LEB ID# 11203
Contact Telephone Number:
(577) 629-3500
Accounting Period Ending:
August 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990 Required:
Yes
Effective Date of Exemption:
August 19, 2005
Contribution Deductibility:
Yes

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

Sincerely,

A handwritten signature in dark ink, appearing to read "Lois G. Lerner".

Lois G. Lerner
Director, Exempt Organizations
Rulings and Agreements

Enclosures: Information for Organizations Exempt Under Section 501(c)(3)

Letter 947 (DO/CG)



Attachment to Question 3

While not an actual Conflict of Interest or potential Conflict of Interest, out of an abundance of caution, TPCN discloses that the following employees perform limited and unrelated activities outside of their work for TPCN as follows:

Executive Director, John McNamara – Attorney
Provider Screening Manager, Becky Kenyon – Mary Kay Consultant
Provider Compliance Manager, Hannah Hepfer – Freelance Writer

The above freelance services are monitored by the TPCN Board and/or the employees' supervisor(s) to ensure:

- that the employee works full time for TPCN (at least 40 hours per week),
- that the employee does not contract with TPCN or any TPCN Provider to perform the freelance services,
- that the employee does not perform any freelance services during normal TPCN business hours, and
- that the freelance services do not relate to or in any way interfere with the employee's job duties or loyalties to TPCN.



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FORM B: ENTITY INFORMATION AND CONTRACT AND LITIGATION HISTORY *continued*

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FORM B: ENTITY INFORMATION AND CONTRACT AND LITIGATION HISTORY
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FORM B: ENTITY INFORMATION AND CONTRACT AND LITIGATION HISTORY
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 N/A

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FORM C: NONPROFIT ENTITY
Board of Directors and Principal Officers

Include the full names (last, first, middle), addresses, telephone numbers, and titles of members of the Board of Directors or any other principal officers. Indicate the office/title held by each member (e.g. chairperson, president, vice-president, treasurer, etc.).

Name: Tom Umstattd, CPA Title: Treasurer Phone: 512.637.7011 Ext. Click here to Fax: 512.637.7012 Email: tom@taxmantom.com	Mailing Address (incl. street, city, county) 1101 South Capital of Texas Highway Building K, Suite 250 Austin, Texas 78746 Click here to enter text.
Name: Dr. Dave Uhrbrock Title: Chairman Phone: 512.637.7011 Ext. Click here to Fax: 512.637.7012 Email: uhrbrock@gmail.com	Mailing Address (incl. street, city, county) 1101 South Capital of Texas Highway Building K, Suite 250 Austin, Texas 78746 Click here to enter text.
Name: Emily Courtney Title: Secretary Phone: 512.637.7011 Ext. Click here to Fax: 512.637.7012 Email: ejwass3@hotmail.com	Mailing Address (incl. street, city, county) 1101 South Capital of Texas Highway Building K, Suite 250 Austin, Texas 78746 Click here to enter text.
Name: Robert Kershaw, Esq. Title: Board Member Phone: 512.637.7011 Ext. Click here to Fax: 512.637.7012 Email: robert.kershaw@kershawlawn.com	Mailing Address (incl. street, city, county) 1101 South Capital of Texas Highway Building K, Suite 250 Austin, Texas 78746 Click here to enter text.
Name: John Porterfield, CPA Title: Board Member Phone: 512.637.7011 Ext. Click here to Fax: 512.637.7012 Email: jporterfield7@gmail.com	Mailing Address (incl. street, city, county) 1101 South Capital of Texas Highway Building K, Suite 250 Austin, Texas 78746 Click here to enter text.
Name: Dr. Hunter Owen Title: Board Member Phone: 512.637.7011 Ext. Click here to Fax: 512.637.7012 Email: hunterowen@icloud.com	Mailing Address (incl. street, city, county) 1101 South Capital of Texas Highway Building K, Suite 250 Austin, Texas 78746 Click here to enter text.



FORM D: CONTACT PERSON INFORMATION

Legal Business Name

of Applicant: Texas Pregnancy Care Network

1. This form provides information about the appropriate contacts in the Applicant's organization.
2. Mark N/A if a contact does not apply to your agency.
3. ALL phone numbers should be a direct line to the designated individual.

Contacts

Billing Contact		Executive Director	
Last Name:	McNamara	Last Name:	McNamara
First Name:	John	First Name:	John
Salutation:	Mr.	Salutation:	Mr.
Title:	Executive Director	Title:	Executive Director
Email:	john@texaspregnancy.org	Email:	john@texaspregnancy.org
Phone:	512-637-7011	Phone:	512-637-7011

Finance Director		Medical Director	
Last Name:	McNamara	Last Name:	N/A
First Name:	John	First Name:	N/A
Salutation:	Mr.	Salutation:	N/A
Title:	Executive Director	Title:	N/A
Email:	john@texaspregnancy.org	Email:	N/A
Phone:	512-637-7011	Phone:	N/A

**FORM D: CONTACT PERSON INFORMATION - CONTINUED**

Primary Program Contact		Quality Assurance Contact	
Last Name:	McNamara	Last Name:	McNamara
First Name:	John	First Name:	John
Salutation:	Mr.	Salutation:	Mr.
Title:	Executive Director	Title:	Executive Director
Email:	john@texaspregnancy.org	Email:	john@texaspregnancy.org
Phone:	512-637-7011	Phone:	512-637-7011



FORM E: ORGANIZATIONAL FINANCIAL INFORMATION AND INTERNAL CONTROLS QUESTIONNAIRE

ORGANIZATION FINANCIAL INFORMATION (for nonprofit organizations only)

1. According to your organization's most recent audit or balance sheet, are the total current assets greater than the liabilities?
☒ YES ☐ NO

2. Is the total amount requested for this grant funding opportunity greater than 25% of your organization's current total annual budget?
☒ YES ☐ NO

ACCOUNTING

3. Briefly describe your organization's accounting system and accounting processes, including:
 - A. Is the accounting system computerized, manual, or a combination of both? If your accounting system is computerized, indicate the name of the financial software.
 Computerized – Abila MIP Fund Accounting

 - B. How are different types of transactions (e.g., cash disbursements, cash receipts, revenues, journal entries) recorded and posted to the general ledger?

1.1 Cash/Cash Receipts Procedure

1.1a Cash Receipts

- Daily mail is received by the Operations Coordinator, and stamped with the date received.
- Checks received are forwarded to the Executive Director (ED) for review.
- The ED stamps the back of each check with a TPCN stamp, and gives them to the Accountant.
- The Accountant deposits all checks by Virtual Teller machine to the bank accounts.
- Cash Receipts are posted by journal entry to the proper GL accounts.
- Online Bank activity and Statements are available for the ED and Accountant for each bank account.
- Each bank account is reconciled to the general ledger monthly.
- Paper Files are maintained:

1.1b Bank Account Transfers



- A Bank Transfer Request Form is completed by the Accountant, and approved by the ED.
- The transfer is made online with the Bank.
- The signed Request Form is filed with a printout of the Bank transfer.
- A General Journal entry is made to credit and debit the correct Cash accounts.

1.1c Bank Reconciliations

- Each bank account is reconciled to the general ledger monthly by the Accountant.
- A paper copy of the Reconciliation and the Bank Statement are maintained in the file.
- The ED has full access online to the Bank Statement and daily activity, including copies of checks. The ED also has access to the filed paper copies of the Reconciliation.

1.1d Petty Cash

- The Accountant has custody of petty cash.
- Receipts are required for all expenditures. The petty cash account is balanced to the general ledger monthly. Check requests to reimburse petty cash are given to the Executive Director with a copy of the latest reconciliation for approval.
- Petty cash is maintained in a locked cash box, in a locked fire-proof cabinet. Keys are maintained by the Accountant.
- The amount of petty cash on hand should be \$100 or less.

3.1 Journal Entry Procedure

- There are three types of Journal Entries: Adjusting Journal Entries (AJE) Bank Transfers (BT) and Cash Receipts Journal Entries (CR)
- Adjusting Journal Entries are used for reclassification, accruals and adjustments to accounts. These entries are prepared and entered in the general ledger by the Accountant.
- Bank Transfers are prepared by the Accountant and given to the Executive Director for review and approval. After approval the Accountant processes the bank transaction and posts the journal entry in the general ledger.
- Cash Receipts Journal Entries are used for posting revenue to the general ledger. These entries are prepared and entered in the general ledger by the Accountant.

C. Your expenditure reports will be due by the 20th of each month. (If the 20th falls on a Saturday, Sunday, or State of Texas holiday, expenditure reports are due the next business day.) To ensure that you submit expenditure reports timely, please respond to the following:



FORM E: ORGANIZATIONAL FINANCIAL INFORMATION AND INTERNAL CONTROLS QUESTIONNAIRE-continued

- 1) By what date must Partner Organizations submit reimbursement requests to your agency (e.g., Partner Organizations must submit their reimbursement request, General Ledger report, and supporting documentation to us no later than the 10th of each month)?

Providers must submit their reimbursement requests and supporting documentation to us no later than the 10th of each month.

- 2) By what date do you close the General Ledger (e.g., GL is closed no later than the 10th of each month)?
GL is closed no later than the 20th of the month.

D. How are transactions organized, maintained, and summarized in financial reports?

The following steps are followed to produce these reports:

- 1) After posting all entries to the general ledger for the month, including the invoices for Providers, a report is run of all expenses for the month.
- 2) Each account is reviewed for expenses which must be included for HHSC.
- 3) HHSC expense totals by account are entered on a spreadsheet "Monthly Financial Report-MO/YR". The totals from this spreadsheet must be reconciled to the total GL for the month and YTD expense.
- 4) The "YTD HHSC Financial Report by MO/YR" is sent to the ED and the Board Treasurer for review and questions.
- 5) After approval, the HHSC financial report is completed.
- 6) The "TPCN Monthly Financial Report" summarizes the "YTD HHSC Financial Report by MO/YR" into four lines.
 - Project Administration
 - Statewide Information, Outreach, Education And Referral Programs and Services
 - Client Services
 - Total Costs

Answer each of the following questions with either a "YES", "NO", or "NOT APPLICABLE" by checking the respective box.

4. This grant program has adopted the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR 200) and the State of Texas Uniform Grant Management Standards (UGMS) as the fiscal and administrative guidelines for this grant program. Is the staff who will be responsible for the financial management of your award



familiar with these documents?

☒ YES ☐ NO

5. Does your organization have written accounting policies? Do your policies include policies on the procurement of goods/services?

YES ☐ NO

6. Does your accounting system identify and segregate:

- Allowable and unallowable costs;
- Direct and indirect expenses;
- Grant costs and non-grant costs;
- The allocation of indirect costs?

YES ☐ NO



FORM E: ORGANIZATIONAL FINANCIAL INFORMATION AND INTERNAL CONTROLS QUESTIONNAIRE

7. If your organization has more than one State of Texas contract, does your accounting system have the capability of identifying the receipt and expenditures of program funds and program income separately for each State of Texas contract?
☐ YES ☐ NO ☒ NOT APPLICABLE

8. Are individual cost elements in your organization's chart of accounts reconciled to the cost categories in the approved budget?
☒ YES ☐ NO

9. Are your accounting records supported by source documentation (invoices, receipts, approvals, receiving reports, canceled checks, etc.) and on file for easy retrieval?
☒ YES ☐ NO

Answer each of the following questions with either a "YES", "NO", or "NOT APPLICABLE" by checking the respective box

GENERAL ADMINISTRATION AND INTERNAL CONTROLS

1. Does your organization have written personnel policies?
 YES ☐ NO

2. Does your organization have written job descriptions with set salary levels for each employee?
 YES ☐ NO

3. UGMS requires that any staff paid from State grant funds, such as A2A grant funds, to keep a record of time and attendance. For staff funded 100% by the A2A grant, each staff person only needs to certify their time monthly. Both the employee and the employee's supervisor must sign the monthly certification of time worked.



FORM E: ORGANIZATIONAL FINANCIAL INFORMATION AND INTERNAL CONTROLS QUESTIONNAIRE

For staff who split their time between the A2A grant and other funding sources, staff will need to keep a time record that complies with the UGMS II(B)(11)(h)(5,7) which states that personnel activity reports or equivalent documentation must meet the following standards:

- a) They must reflect an after-the-fact distribution of the actual activity of each employee.
- b) They must account for the total activity, for which each employee is compensated.
- c) They must be prepared at least monthly and must coincide with one or more pay periods; and
- d) They must be signed by the employee and the supervisory official having first-hand knowledge of the work performed by the employee.

4. Does your organization maintain personnel activity reports that meet the above criteria?

☒ YES ☐ NO

5. Are payroll transaction posted after the receipt of approved time/attendance records and are payroll checks based on those time/attendance records?

YES ☐ NO

Answer each of the following questions with either a "YES", "NO", or "NOT APPLICABLE" by checking the respective box

6. Is the employees' time/attendance record the basis of the calculation of wage costs recorded in the general ledger for each cost objective?

YES ☐ NO

7. Are procedures in place to determine the allowability, allocability, and reasonableness of costs?

YES ☐ NO

8. Has the grantee met the UGG procurement policies and procedures requirements?

YES NO



FORM E: ORGANIZATIONAL FINANCIAL INFORMATION AND INTERNAL CONTROLS QUESTIONNAIRE

9. Does the grantee allocate direct or indirect costs and use a cost allocation methodology?

☒ YES ☐ NO

10. Does the grantee have an approved Indirect cost Rate from a cognizant agency?

☐ YES ☒ NO

The Organizational Financial Information and Internal Controls Questionnaire must be signed by an authorized person who has completed the form or reviewed the form and can attest to the accuracy of the information provided.

Approved by:

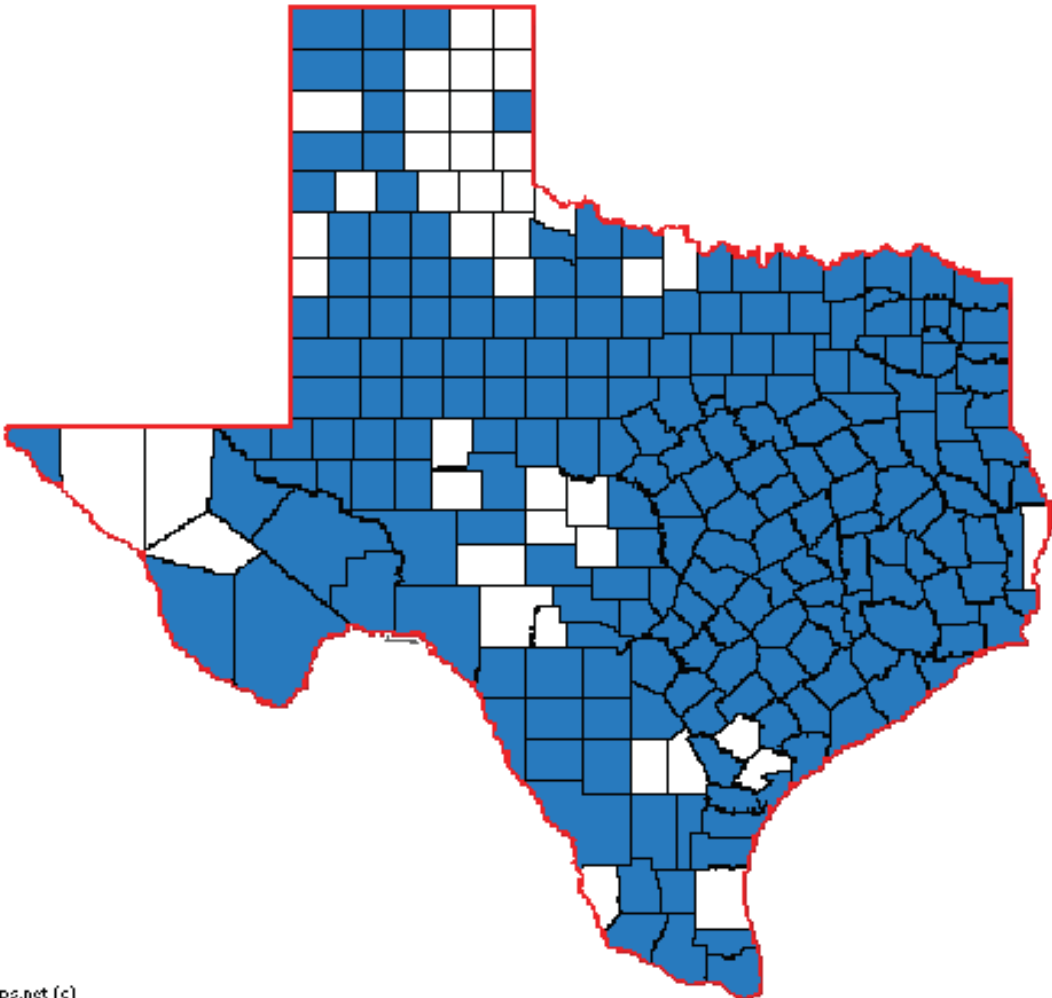
Signature: _____

Date: 1/28/2018

Printed Name: John McNamara

Title: Executive Director

Texas Counties and Regions Served by Project



Source: diymaps.net (c)



FORM F: TEXAS COUNTIES AND REGIONS LIST SERVED BY PROJECT

Applicant must identify the counties in which it intends to provide the programs under this RFA by placing a check-mark or an X in the respective county(ies) box(es).

Counties	✓	R	Counties	✓	R	Counties	✓	R	Counties	✓	R	Counties	✓	R
-A-			Crosby	<input checked="" type="checkbox"/>	01	Hays	<input checked="" type="checkbox"/>	07	Martin	<input checked="" type="checkbox"/>	09	Schleicher	<input checked="" type="checkbox"/>	09
Anderson	<input checked="" type="checkbox"/>	04	Culberson	<input type="checkbox"/>	10	Hemphill	<input type="checkbox"/>	01	Mason	<input type="checkbox"/>	09	Scurry	<input checked="" type="checkbox"/>	02
Andrews	<input checked="" type="checkbox"/>	09	-D-			Henderson	<input checked="" type="checkbox"/>	04	Matagorda	<input checked="" type="checkbox"/>	06	Shackelford	<input checked="" type="checkbox"/>	02
Angelina	<input checked="" type="checkbox"/>	05	Dallam	<input checked="" type="checkbox"/>	01	Hidalgo	<input checked="" type="checkbox"/>	11	Maverick	<input checked="" type="checkbox"/>	08	Shelby	<input checked="" type="checkbox"/>	05
Aransas	<input checked="" type="checkbox"/>	11	Dallas	<input checked="" type="checkbox"/>	03	Hill	<input checked="" type="checkbox"/>	07	McCulloch	<input type="checkbox"/>	09	Sherman	<input checked="" type="checkbox"/>	01
Archer	<input type="checkbox"/>	02	Dawson	<input checked="" type="checkbox"/>	09	Hockley	<input checked="" type="checkbox"/>	01	McLennan	<input checked="" type="checkbox"/>	07	Smith	<input checked="" type="checkbox"/>	04
Armstrong	<input type="checkbox"/>	01	Deaf Smith	<input checked="" type="checkbox"/>	01	Hood	<input checked="" type="checkbox"/>	03	McMullen	<input type="checkbox"/>	11	Somervell	<input checked="" type="checkbox"/>	03
Atascosa	<input checked="" type="checkbox"/>	08	Delta	<input checked="" type="checkbox"/>	04	Hopkins	<input checked="" type="checkbox"/>	04	Medina	<input checked="" type="checkbox"/>	08	Starr	<input checked="" type="checkbox"/>	11
Austin	<input checked="" type="checkbox"/>	06	Denton	<input checked="" type="checkbox"/>	03	Houston	<input checked="" type="checkbox"/>	05	Menard	<input type="checkbox"/>	09	Stephens	<input checked="" type="checkbox"/>	02
-B-			DeWitt	<input type="checkbox"/>	08	Howard	<input checked="" type="checkbox"/>	09	Midland	<input checked="" type="checkbox"/>	09	Sterling	<input type="checkbox"/>	09
Bailey	<input type="checkbox"/>	01	Dickens	<input checked="" type="checkbox"/>	01	Hudspeth	<input type="checkbox"/>	10	Milam	<input checked="" type="checkbox"/>	07	Stonewall	<input checked="" type="checkbox"/>	02
Bandera	<input checked="" type="checkbox"/>	08	Dimmit	<input checked="" type="checkbox"/>	08	Hunt	<input checked="" type="checkbox"/>	03	Mills	<input checked="" type="checkbox"/>	07	Sutton	<input type="checkbox"/>	09
Bastrop	<input checked="" type="checkbox"/>	07	Donley	<input type="checkbox"/>	01	Hutchinson	<input type="checkbox"/>	01	Mitchell	<input checked="" type="checkbox"/>	02	Swisher	<input checked="" type="checkbox"/>	01
Baylor	<input checked="" type="checkbox"/>	02	Duval	<input checked="" type="checkbox"/>	11	-I-			Montague	<input checked="" type="checkbox"/>	02	-T-		
Bee	<input checked="" type="checkbox"/>	11	-E-			Irion	<input type="checkbox"/>	09	Montgomery	<input checked="" type="checkbox"/>	06	Tarrant	<input checked="" type="checkbox"/>	03
Bell	<input checked="" type="checkbox"/>	07	Eastland	<input checked="" type="checkbox"/>	02	-J-			Moore	<input checked="" type="checkbox"/>	01	Taylor	<input checked="" type="checkbox"/>	02
Bexar	<input checked="" type="checkbox"/>	08	Ector	<input checked="" type="checkbox"/>	09	Jack	<input checked="" type="checkbox"/>	02	Morris	<input checked="" type="checkbox"/>	04	Terrell	<input checked="" type="checkbox"/>	09
Blanco	<input checked="" type="checkbox"/>	07	Edwards	<input type="checkbox"/>	08	Jackson	<input checked="" type="checkbox"/>	08	Motley	<input type="checkbox"/>	01	Terry	<input checked="" type="checkbox"/>	01
Borden	<input checked="" type="checkbox"/>	09	Ellis	<input checked="" type="checkbox"/>	03	Jasper	<input checked="" type="checkbox"/>	05	-N-			Throckmorton	<input checked="" type="checkbox"/>	02
Bosque	<input checked="" type="checkbox"/>	07	El Paso	<input checked="" type="checkbox"/>	10	Jeff Davis	<input type="checkbox"/>	10	Nacogdoches	<input checked="" type="checkbox"/>	05	Titus	<input checked="" type="checkbox"/>	04
Bowie	<input checked="" type="checkbox"/>	04	Erath	<input checked="" type="checkbox"/>	03	Jefferson	<input checked="" type="checkbox"/>	05	Navarro	<input checked="" type="checkbox"/>	03	Tom Green	<input checked="" type="checkbox"/>	09
Brazoria	<input checked="" type="checkbox"/>	06	-F-			Jim Hogg	<input checked="" type="checkbox"/>	11	Newton	<input type="checkbox"/>	05	Travis	<input checked="" type="checkbox"/>	07
Brazos	<input checked="" type="checkbox"/>	07	Falls	<input checked="" type="checkbox"/>	07	Jim Wells	<input checked="" type="checkbox"/>	11	Nolan	<input checked="" type="checkbox"/>	02	Trinity	<input checked="" type="checkbox"/>	05
Brewster	<input checked="" type="checkbox"/>	10	Fanning	<input checked="" type="checkbox"/>	03	Johnson	<input checked="" type="checkbox"/>	03	Nueces	<input checked="" type="checkbox"/>	11	Tyler	<input checked="" type="checkbox"/>	05
Briscoe	<input type="checkbox"/>	01	Fayette	<input checked="" type="checkbox"/>	07	Jones	<input checked="" type="checkbox"/>	02	-O-			-U-		
Brooks	<input checked="" type="checkbox"/>	11	Fisher	<input checked="" type="checkbox"/>	02	-K-			Ochiltree	<input type="checkbox"/>	01	Upshur	<input checked="" type="checkbox"/>	04
Brown	<input checked="" type="checkbox"/>	02	Floyd	<input checked="" type="checkbox"/>	01	Karnes	<input checked="" type="checkbox"/>	08	Oldham	<input type="checkbox"/>	01	Upton	<input checked="" type="checkbox"/>	09
Burleson	<input checked="" type="checkbox"/>	07	Foard	<input checked="" type="checkbox"/>	02	Kaufman	<input checked="" type="checkbox"/>	03	Orange	<input checked="" type="checkbox"/>	05	Uvalde	<input checked="" type="checkbox"/>	08
Burnet	<input checked="" type="checkbox"/>	07	Fort Bend	<input checked="" type="checkbox"/>	06	Kendall	<input checked="" type="checkbox"/>	08	-P-			-V-		
-C-			Franklin	<input checked="" type="checkbox"/>	04	Kenedy	<input type="checkbox"/>	11	Palo Pinto	<input checked="" type="checkbox"/>	03	Val Verde	<input checked="" type="checkbox"/>	08
Caldwell	<input checked="" type="checkbox"/>	07	Freestone	<input checked="" type="checkbox"/>	07	Kent	<input checked="" type="checkbox"/>	02	Panola	<input checked="" type="checkbox"/>	04	Van Zandt	<input checked="" type="checkbox"/>	04
Calhoun	<input checked="" type="checkbox"/>	08	Frio	<input checked="" type="checkbox"/>	08	Kerr	<input checked="" type="checkbox"/>	08	Parker	<input checked="" type="checkbox"/>	03	Victoria	<input checked="" type="checkbox"/>	08
Callahan	<input checked="" type="checkbox"/>	02	-G-			Kimble	<input checked="" type="checkbox"/>	09	Parmer	<input checked="" type="checkbox"/>	01	-W-		
Cameron	<input checked="" type="checkbox"/>	11	Gaines	<input checked="" type="checkbox"/>	09	King	<input type="checkbox"/>	01	Pecos	<input checked="" type="checkbox"/>	09	Walker	<input checked="" type="checkbox"/>	06
Camp	<input checked="" type="checkbox"/>	04	Galveston	<input checked="" type="checkbox"/>	06	Kinney	<input checked="" type="checkbox"/>	08	Polk	<input checked="" type="checkbox"/>	05	Waller	<input checked="" type="checkbox"/>	06
Carson	<input type="checkbox"/>	01	Garza	<input checked="" type="checkbox"/>	01	Kleberg	<input checked="" type="checkbox"/>	11	Potter	<input checked="" type="checkbox"/>	01	Ward	<input checked="" type="checkbox"/>	09
Cass	<input checked="" type="checkbox"/>	04	Gillespie	<input checked="" type="checkbox"/>	08	Knox	<input checked="" type="checkbox"/>	02	Presidio	<input checked="" type="checkbox"/>	10	Washington	<input checked="" type="checkbox"/>	07
Castro	<input type="checkbox"/>	01	Glasscock	<input checked="" type="checkbox"/>	09	-L-			-R-			Webb	<input checked="" type="checkbox"/>	11
Chambers	<input checked="" type="checkbox"/>	06	Goliad	<input type="checkbox"/>	08	Lamar	<input checked="" type="checkbox"/>	04	Rains	<input checked="" type="checkbox"/>	04	Wharton	<input checked="" type="checkbox"/>	06
Cherokee	<input checked="" type="checkbox"/>	04	Gonzales	<input checked="" type="checkbox"/>	08	Lamb	<input checked="" type="checkbox"/>	01	Randall	<input checked="" type="checkbox"/>	01	Wheeler	<input checked="" type="checkbox"/>	01
Childress	<input type="checkbox"/>	01	Gray	<input type="checkbox"/>	01	Lampasas	<input checked="" type="checkbox"/>	07	Reagan	<input checked="" type="checkbox"/>	09	Wichita	<input checked="" type="checkbox"/>	02
Clay	<input type="checkbox"/>	02	Grayson	<input checked="" type="checkbox"/>	03	La Salle	<input checked="" type="checkbox"/>	08	Real	<input type="checkbox"/>	08	Wilbarger	<input checked="" type="checkbox"/>	02
Cochran	<input type="checkbox"/>	01	Gregg	<input checked="" type="checkbox"/>	04	Lavaca	<input checked="" type="checkbox"/>	08	Red River	<input checked="" type="checkbox"/>	04	Willacy	<input checked="" type="checkbox"/>	11
Coke	<input checked="" type="checkbox"/>	09	Grimes	<input checked="" type="checkbox"/>	07	Lee	<input checked="" type="checkbox"/>	07	Reeves	<input checked="" type="checkbox"/>	09	Williamson	<input checked="" type="checkbox"/>	07
Coleman	<input checked="" type="checkbox"/>	02	Guadalupe	<input checked="" type="checkbox"/>	08	Leon	<input checked="" type="checkbox"/>	07	Refugio	<input type="checkbox"/>	11	Wilson	<input checked="" type="checkbox"/>	08
Collin	<input checked="" type="checkbox"/>	03	-H-			Liberty	<input checked="" type="checkbox"/>	06	Roberts	<input type="checkbox"/>	01	Winkler	<input checked="" type="checkbox"/>	09
Collingsworth	<input type="checkbox"/>	01	Hale	<input checked="" type="checkbox"/>	01	Limestone	<input checked="" type="checkbox"/>	07	Robertson	<input checked="" type="checkbox"/>	07	Wise	<input checked="" type="checkbox"/>	03
Colorado	<input checked="" type="checkbox"/>	06	Hall	<input type="checkbox"/>	01	Lipscomb	<input type="checkbox"/>	01	Rockwall	<input checked="" type="checkbox"/>	03	Wood	<input checked="" type="checkbox"/>	04
Comal	<input checked="" type="checkbox"/>	08	Hamilton	<input checked="" type="checkbox"/>	07	Live Oak	<input type="checkbox"/>	11	Runnels	<input checked="" type="checkbox"/>	02	-Y-		
Comanche	<input checked="" type="checkbox"/>	02	Hansford	<input checked="" type="checkbox"/>	01	Llano	<input checked="" type="checkbox"/>	07	Rusk	<input checked="" type="checkbox"/>	04	Yoakum	<input checked="" type="checkbox"/>	01
Concho	<input type="checkbox"/>	09	Hardeman	<input type="checkbox"/>	02	Loving	<input checked="" type="checkbox"/>	09	-S-			Young	<input checked="" type="checkbox"/>	02
Cooke	<input checked="" type="checkbox"/>	03	Hardin	<input checked="" type="checkbox"/>	05	Lubbock	<input checked="" type="checkbox"/>	01	Sabine	<input checked="" type="checkbox"/>	05	-Z-		
Coryell	<input checked="" type="checkbox"/>	07	Harris	<input checked="" type="checkbox"/>	06	Lynn	<input checked="" type="checkbox"/>	01	San Augustine	<input checked="" type="checkbox"/>	05	Zapata	<input type="checkbox"/>	11
Cottle	<input type="checkbox"/>	02	Harrison	<input checked="" type="checkbox"/>	04	-M-			San Jacinto	<input checked="" type="checkbox"/>	05	Zavala	<input checked="" type="checkbox"/>	08



Crane ☒ 09 Hartley ☒ 01 Madison ☒ 07 San Patricio ☒ 11



FORM I: COMMUNICATION AND OUTREACH PLAN

**Legal Business Name
of Applicant:**

Texas Pregnancy Care Network

Clinic sites where clients are served **must** develop and implement an annual plan to provide county education and program promotion to:

- Inform the public of its purpose and services;
- Enhance county understanding of its objectives;
- Disseminate HHSC healthcare services information for pregnant women to access healthcare
- Enlist county support; and
- Recruit potential clients for the A2A program.

The Communication and Outreach Plan must:

1. Describe Applicant's A2A program promotion/education/Outreach plan for the contract period March 1, 2018 through August 31, 2019.
2. Describe Applicant's county education/A2A program promotion collaborative efforts carried out in conjunction with other health care providers or social service agencies in the identified service area. Applicant must include a description of the Outreach plan that details media releases and Outreach strategies for marketing the Applicant to the county.

Applicant must also attach a calendar of the proposed county education/A2A program promotion for the contract period (March 15, 2018 through August 31, 2019). Applicant's calendar must include the following information: topics, presentation-dates, locations, and presenters. Applicant should label the attachment "**Form I-1: Communication and Education Outreach Calendar**".

TPCN's Communication and Outreach Plan contains the following components, each of which will be thoroughly described:

- TPCN's Marketing Efforts:
 - TPCN's Website – www.texaspregnancy.org
 - TPCN's Toll Free Number - 877-345-7734
 - TPCN's Efforts to Encourage Coordination with HHSC & County Resources
 - TPCN's Professional Education Efforts



- TPCN's Marketing Campaigns
- TPCN's Educational Materials for Provider Subcontractors

TPCN'S MARKETING EFFORTS

TPCN's Website – www.texaspregnancy.org

For outreach intended at reaching potential clients and adoptive parents, TPCN actively promotes www.texaspregnancy.org as the entry point to the Program. The URL is already contained on numerous HHSC and State of Texas websites. The primary goal of the website is to encourage potential clients to find help in their community. The landing page allows clients to “Find Help Near You,” which allows clients to find Providers nearest to them by entering their zip code. The website is available in both English and Spanish. The website also contains supportive resources designed to let clients and adoptive parents know that help is available to them during a difficult pregnancy. During the FY16 & FY17 biennium, more than 380,000 unique visits have been made to texaspregnancy.org.

TPCN's Toll Free Number - 877-345-7734

TPCN maintains a toll free number that can be dialed from anywhere in the State of Texas free of charge. The telephone number is contained on numerous HHSC and State of Texas websites. The number is answered in TPCN's offices by bilingual TPCN staff that is trained to assist clients in finding nearby help from Provider subcontractors on topics including pregnancy, parenting, and adoption.

TPCN's Efforts to Encourage Coordination with HHSC & County Resources

TPCN will be again setting up meetings with HHSC and County public programs to emphasize coordination of efforts available on a statewide basis. These meetings will have an emphasis on educating the parties about the programs and services available, and sharing resources and referrals as much as possible. Meetings and coordination efforts will focus on Medicaid, CHIP, SNAP, TANF, WIC, ECI, HTW, FVP, PHC, Title V: Child Health and Dental, Title V: Prenatal and Dental, and the Healthy Marriage Program.

TPCN's Professional Education Efforts

TPCN reaches professionals primarily by hosting a community outreach booth at human services conferences throughout Texas. There, TPCN educates social workers, teachers, and similar professionals about the Program, since these professionals are often the first to encounter women enduring difficult pregnancies. Professionals who know about and trust the Program then feel comfortable including TPCN and its Providers on their lists of referral agencies.

During the FY16 and FY17 biennium, TPCN has educated more than 5,400 Texas professionals likely to encounter potential clients about the Program by attending statewide conferences hosted by the Texas Behavioral Health Institute, Texas School Social Workers, Texas School Nurses Organization, and similar professional organizations. Additionally, TPCN completed a direct mail campaign to 1,000 Texas high school principals to educate them about the Program. TPCN plans to attend these same conferences in the follow-on contract, as well as adding new conferences that



may have professionals serving parents in the 24-36 month age range. Additionally, a mail out to professionals will be conducted.

TPCN's Marketing Campaigns

Driving Potential Clients to the Provider Subcontractor Network

The primary reason TPCN spends advertising and marketing dollars is to make the public aware of the services that are available across the state from its Provider subcontractors. TPCN has engaged professional marketing firms to assist TPCN in conducting several statewide outreach media campaigns designed to make the public aware of the Program and texaspregnancy.org. The outreach that targets potential clients and adoptive parents has included English and Spanish language online outreach campaigns, as well as outdoor billboards. Online ads appear to potential clients and adoptive parents that may be searching the internet for help with their pregnancy, parenting, or adoption situation. Clicking on the ads bring the visitors directly to the zip code locator page of the texaspregnancy.org outreach website. Outdoor billboards are placed in proximity to Provider subcontractors and help amplify the effect of the online ads. An example of a graphic approved by HHSC and used by TPCN online and on billboards is:



During its outreach campaigns, TPCN sees significant increases in visitors to texaspregnancy.org, as well as increases in potential clients searching for local Providers. For example, during a recent campaign, TPCN saw a 1,866% increase in web sessions on TPCN's website, and a 128% increase in searches for Providers across the state of Texas. The online campaigns are very effective in reaching the target audience that needs services from the Texas Alternative to Abortion Services Program.

Changing Negative Perceptions About Adoption

In addition to driving potential clients and adoptive parents to its Provider subcontractor network, TPCN utilizes advertising to begin to change perceptions across the state about adoption as a viable alternative to an unplanned pregnancy. Less than 1% of unplanned pregnancies result in a completed adoption. Yet, Texas has long waiting lists for adoptive parents wanting to adopt an infant. TPCN's Provider subcontractors state that many pregnant clients in an unplanned pregnancy situation will not even listen to adoption education pieces because of intense negative misconceptions about adoption.



As a result, TPCN developed a campaign specifically geared to change the perception of adoption among women and girls of Texas aged 12-34. The campaign consisted of TV spots on Hulu and other on-demand media outlets frequented by females aged 12-34, radio spots, and a robust online presence on www.modernadoptionplans.org. Because of limited funding, the campaign was only able to run in the Dallas-Ft. Worth and Houston media markets, yet the campaign was extremely successful. Most importantly, 70% of those aged 16-20 indicated that after seeing the spot they would be somewhat more likely or much more likely to investigate adoption options if the situation ever arose.

Summary of Marketing Efforts

As TPCN moves forward into the second half of FY18 and FY19, it will be focused on answering the Texas Legislature's mandate to increase awareness and utilization of the Texas Alternative to Abortion Services Program. TPCN has a strong record of effectively and efficiently using marketing to drive new potential client and adoptive parents to its extensive Provider subcontractor network. TPCN will continue to conduct outreach campaigns as it has done in the past, as well as educational campaigns to change perceptions about adoption. The outreach will include the most successful outreach campaigns conducted in the past, as well as new campaigns. The campaigns will both target statewide coverage in all 254 Texas counties, but with additional emphasis on areas that have the highest rates of abortion, according to DSHS statistics. All outreach advertising will be approved by HHSC prior to use in any campaign.

Campaign Dates

First Day of Awarded Contract through August 31, 2019:

Statewide Google Adwords Campaign targeting all 254 Texas Counties for both pregnancy support services and adoptive parent services, running 24/7.

ADVERTISING AND MARKETING BUILD AWARENESS AND CONNECT CLIENTS TO PROVIDERS

Through advertising and media partnerships, we drove large numbers of visitors to the website, where those visitors could be converted to clients and find Texas providers to give them the counseling and help they need.

Educación, ayuda
y apoyo para
su embarazo.
GRATIS



www.TexasPregnancy.org



FREE
Education, Help
& Support for
Your Pregnancy!



www.TexasPregnancy.org

Get Help Now



Modern
Adoption
Plans.org



Crisis Pregnancy
Campaign

↑1,866%

Amount web visits increased when
the campaigns were running

↑128%

Increase in provider searches

Adoption Campaign

Goal: to change the perception
of adoption among women
and girls ages 12-34



Dallas-Ft. Worth
and Houston
geographic area targeted

70%

of those ages 16-20 indicated that
after seeing the spot they would
be somewhat more or much more
likely to investigate adoption
options if the situation ever arose



TPCN'S EDUCATIONAL MATERIALS FOR PROVIDER SUBCONTRACTORS

TPCN sends to its Provider subcontractors educational materials purchased or developed by TPCN, and approved by HHSC. Recent materials provided include *So I Was Thinking About Adoption ... Consider Your Choices* by American Carriage House Publishing, *Understanding Breastfeeding PowerPoint Curriculum* by Injoy Video, and *How to Raise Emotionally Healthy Children DVD* (in English and Spanish) by Injoy Video.

In the next phase of the contract, TPCN will continue to purchase and develop educational materials that meet the highest quality standards. Materials must be relevant and timely, and health-related discussions include citations to legitimate sources, such as the Centers for Disease Control, peer-reviewed literature, etc. Spanish versions of materials are purchased when available. TPCN does not purchase or develop materials that are political, judgmental, or that contain spiritual or religious content.

Additionally, all Provider subcontractors must provide the State of Texas publication *A Woman's Right to Know*. They must also provide materials on Medicaid, CHIP, SNAP, TANF, WIC, ECI, HTW, FVP, PHC, Title V: Child Health and Dental, Title V: Prenatal and Dental, and the Healthy Marriage Program.

SUMMARY OF TPCN'S COMMUNICATION AND OUTREACH PLAN

TPCN has twelve years of experience in Texas in administering the Texas Alternative to Abortion Services Program, including all of its communication and outreach. The communication and outreach plan is one of the keys to driving the growth of the Program, as well as the education of clients and adoptive parents. TPCN has already used communication and outreach plans to grow the Program from a few hundred clients to tens of thousands of clients and adoptive parents each year. TPCN has also purchased and delivered dozens of high quality educational materials to Provider subcontractors that help them use evidence-based information to educate clients and adoptive parents about pregnancy, parenting, and adoption.

TPCN understands the very important roles of public outreach and client education to the success of the Program. TPCN has a long history of testing various outreach efforts and will continue its HHSC-approved advertising campaigns that target clients-in-need on a statewide basis, with a special emphasis on those areas with the highest abortion rates. TPCN will also continue to educate thousands of professionals likely to encounter potential clients about the resources of the Program. Finally, TPCN will continue to ensure that the educational pieces available to clients are of the highest quality, and provide the help and information most needed.



FORM I-1: COMMUNICATION AND EDUCATION OUTREACH CALENDAR

**Legal Business Name
of Applicant:**

Texas Pregnancy Care Network

Applicant must also attach a calendar of the proposed county education/A2A program promotion for the contract period (March 15, 2018 through August 31, 2019). Applicant's calendar must include the following information: topics, presentation-dates, locations, and presenters. Applicant should label the attachment "**Form I-1: Communication and Education Outreach Calendar**".

During the FY16 and FY17 biennium, TPCN's Provider subcontractor network delivered over 103,000 hours of education to Program clients and adoptive parents in its 121 locations throughout Texas. During the final six months of FY18 and all of FY19, TPCN is projecting to provide over 205,000 hours of education to its clients in 140+ locations throughout Texas. Obviously, detailing 205,000 hours of educational classes in 140+ locations broken out by topics, presentation-dates, locations, and presenters would involve a 12 volume treatise of information. Instead, TPCN will provide a sampling of the classes that will be taught, a list of topics that those classes will cover, and a projection of class hours grouped together by similarity. HHSC is welcome to request additional information about the classes that will be taught as needed.

Sampling of Classes that Will Be Taught by Provider Subcontractors in FY18 and FY19:

24/7 Dad
 5 Steps to a Better Birth
 Age - Appropriate Play Curriculum
 Babywearing 101
 Birth Parent Bill of Rights Safety Start at Home
 Breastfeeding Class
 Breastfeeding Your Newborn: Giving your baby the very best.
 Building Self-Esteem Through Positive Assertiveness
 Car Seat Safety Class
 Causes of Preeclampsia
 Changing Your Life Through Better Money Management
 Child Development 0-6 months
 Child Development, Medical Solutions and Therapies at Home
 Child Food Nutrition
 Child Nutrition - feeding your baby
 Conversations About Destiny
 Conversations About Forgiveness
 Conversations About Self-Esteem
 Cooking Matters for Chefs and Kids
 Counseling, Family Interactions and Parenting
 CPR & First Aid
 Daddy University
 Developmental Milestones (7-12 months of age)
 Doctor Dad



Early Moments Matter
El Arte de Sobrevivir
El Joven Noble
Entendiendo el embarazo/Una guía completa Guía del Facilitador
Exploring Relationships and Marriage with Fragile Families: Program for Couples
Exploring Relationships and Marriage with Fragile Families: Program for Fathers
Exploring Relationships and Marriage with Fragile Families: Program for Mothers
Eye Contact Means Love
Feeding, Articulation, Language, and Literacy
First Month: What to Expect
First Year Milestones
First Year Milestones
First Year Milestones: A Monthly Guide to Your Baby's Growth
FORGIVENESS The Freedom to Let Go
Foundations for Future
Gestational Diabetes
Great Beginnings
Healing Through Expression: An Expressive Art
Health Care Orientation for Medicaid Benefits
Health Insurance for you and your baby
Healthy Beginnings
Healthy Lifestyles
Healthy Planning Pregnancy
Healthy Pregnancy Planning
Holidays with a baby at home - safety tips
Home Safety
Homework for Emotionally Healthy Children
How OAG can help you
If You Use Marijuana During Pregnancy
Immunizations and Infection Control: Children 0-24 months
Infant Massage USA
Infant Safety Class
Introduction to Car Seat Safety
Introduction to Financial Budgeting for families
Investing in Your Marriage
Is This Really Love?
Labor & Delivery Class
Learning about Emotional Intelligence and its Role in Parenting
Learning about Fatherhood
Listen, Love, Play
Married and Loving It!
Mental Health
Mom as a Gateway
Money Smart for Grades 9-12
Needs Assessment Class
Newborn Baby Care



Parenting Inside Out
Postpartum Care
Postpartum Class
Practical Money Skills for Life
Pregnancy and Beyond: Your Journey... like no other
Prenatal Class Graduation Lesson Plan
Prenatal Class: Nutrition
Prenatal Class: Nutrition Lesson Plan
Raising Emotionally Healthy Children
Relationships Smarts PLUS
Responsible Relationships
Rising Food Costs
SIDS and Shaken Baby Syndrome Prevention
Siempre Papa
Skills to Pay the Bill: Mastering Soft Skills for Workplace Success
Start Smart for Your Baby
Steps in Infant Vision Development & Eye Screening
Strategies to Help Picky Eaters
Teaching social skills to youth
Texas A&M Today's Mom
The Baby Human, Learning to Think
The Baby Human, Learning to Walk
The Happiest Baby on the Block
Time Management
Trimesters of Pregnancy
Understanding Birth 2nd Edition: A Comprehensive Guide
Understanding Breastfeeding
Understanding Pregnancy
Understanding Your Newborn
Vaccination Schedule
You can Quit!

Topics to be Covered by Provider Subcontractors In Classes in FY18 and FY19:

Abortion Education
Abuse
Adoption Education
Anger Management
Babyproofing Home
Breastfeeding
Breast Pumping
Budgeting for Family
Car seat Training
Child Support
Child Vaccinations
Childbirth
Cord Blood Banking



C-Section Primer
Daycare
Decision Making
Education
Financial
Guardianship
Housing
Infant CPR
Initial Intake
Legal
Life Skills
Maternal Well-Being
Maternity Leave
Medical
Newborn Care
Newborn Wrapping
Other
Parenting
Postpartum Depression
Prenatal Care
Prenatal Development
Prenatal Exercise
Prenatal Nutrition
Relationship
Sleep Strategy
Smoking Cessation
STD Information
Stress Management
Ultrasound Education


Estimate of Class Hours Grouped Together by Type of Class:

Month	Childbirth Class Hours	Improving Pregnancy Situation Class Hours	Improving Parenting Situation Class Hours
Mar-18	134	818	2,687
Apr-18	134	818	2,687
May-18	268	1,636	5,374
Jun-18	268	1,636	5,374
Jul-18	402	2,453	8,060
Aug-18	402	2,453	8,060
Sep-18	434	2,650	8,706
Oct-18	434	2,650	8,706
Nov-18	434	2,650	8,706
Dec-18	434	2,650	8,706
Jan-19	496	3,028	9,949
Feb-19	496	3,028	9,949
Mar-19	496	3,028	9,949
Apr-19	496	3,028	9,949
May-19	559	3,407	11,193
Jun-19	559	3,407	11,193
Jul-19	559	3,407	11,193
Aug-19	559	3,407	11,193



FORM G: APPLICANT BACKGROUND

**Legal Business Name
of Applicant:**

Texas Pregnancy Care Network

1. Applicant must provide a narrative description of its organization, staff, systems and oversight structure.
 2. Reference the instructions on Form G-1 – Applicant Background Guidelines.
 3. Applicant's response must not exceed 18 pages.
1. Provide a one-page executive summary describing the Applicant's vision, mission and values statements, along with a description of how the board of directors, if any, is involved in the operations of the Applicant.

Texas Pregnancy Care Network (TPCN) is a Texas registered, IRS 501(c)(3) non-profit corporation at 1101 South Capital of Texas Highway, Building K, Suite 250, Austin, Texas 78746 with Federal ID number 76-0802397. Fundamental to TPCN's mission is the active promotion of childbirth for women who are undecided about whether or not to have the child. Specifically, TPCN's mission is to assist pregnant women and their families in need of compassionate, practical, and life-affirming alternatives to abortion.

An A-133 audited financial report from the past two years is included with this proposal to demonstrate TPCN's financial preparedness to fulfill the requirements of this procurement.

The business affairs of TPCN are managed by a Board of Directors, and daily execution of Board approved policies and procedures is carried out by TPCN's Executive Director. Except as otherwise required by law, the sole control of the corporation (management, affairs, and property) is vested in the Board of Directors.

The current TPCN Board of Directors is as follows: David Uhrbrock, M.D., Chairman; Tom Umstattd, CPA, Treasurer; Emily Taylor, Secretary; Robert Kershaw, Esq., Member; Hunter Owen, DC, Member; and John Porterfield, CPA, Member. Executive Director John McNamara, Esq. is designated to sign the contract with HHSC; Mr. McNamara is the point of contact for this proposal. Mr. McNamara's email address is john@texaspregnancy.org; phone number: 512.637.7011; fax: 512.637.7012.

In addition to steady growth and efficiency, TPCN has successfully achieved the Mission Objectives identified by the Program and Administrative Services Request for Proposal issued in 2015. Most of these achievements are identified specifically in following sections. Several noteworthy achievements, however, are briefly highlighted here.

First, TPCN has demonstrated that it is a responsible steward of public funds. This is indicated primarily by its eleven consecutive CPA audits resulting in unqualified opinions. Regular monitorings of TPCN by representatives of HHSC have similarly resulted in no contract violations.



Second, TPCN has demonstrated that it is a leader in nonprofit excellence and accountability, and is therefore uniquely qualified to administer a publicly funded program. In 2009, TPCN became the first non-profit organization in Texas to receive the Seal of Excellence, in recognition for its compliance with 55 standards comprising the Standards for Excellence: An Ethics and Accountability Code for the Nonprofit Sector, designed by the Standards for Excellence Institute. Based in Maryland, the Standards for Excellence Institute is a national initiative that promotes the highest standards of ethics and accountability in nonprofit governance, management, operations, and facilities. The Seal of Excellence was awarded following a comprehensive review of TPCN by a team of expert peer-reviewers over a 10-month period. In 2014, TPCN again underwent a full review by the Standards for Excellence Institute, and the Seal of Excellence was once again awarded to TPCN for a five year renewal period.

As the prime contractor for the Texas Alternative to Abortion Services Program, TPCN has demonstrated it is not only experienced and accountable, but also poised in the face of the scrutiny that comes with work related to the abortion issue. During the next contract, TPCN will continue to focus on delivering quality client services, maintaining accountability to the public, and representing the Program with excellence.

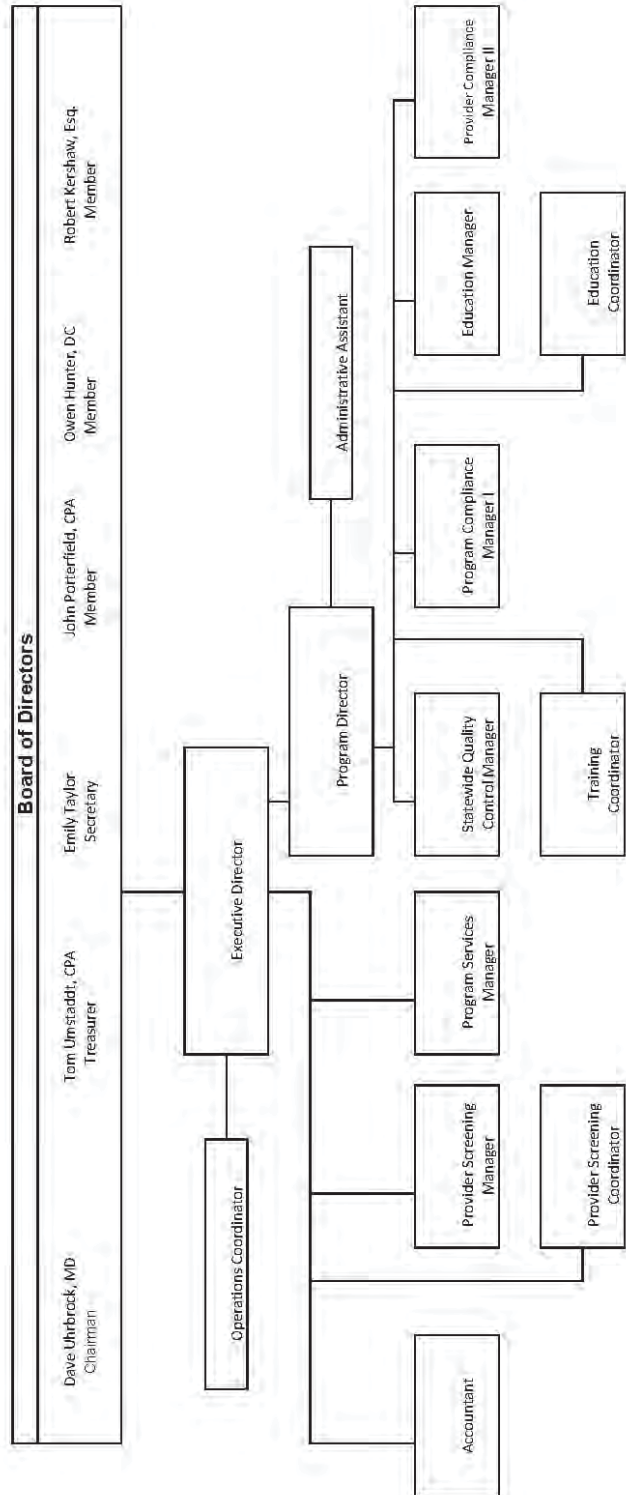
2. Provide a detailed description of the organizational structure, management systems and lines of authority that are appropriate and adequate for the size and scope of the Applicant's organization.

Executive management for the Program will continue to be accomplished by the Executive Director, a licensed Texas attorney. In addition to handling day to day operations, the Executive Director will again be responsible for satisfying all requirements of the contract and will continue to serve as the primary point of contact between TPCN and HHSC. Administrative personnel to support the new contract will consist of a full-time Executive Director, Program Director, Accountant, Operations Coordinator and Administrative Assistant.

In order to significantly expand services in FY18 and FY19, services-support personnel has been expanded to ensure that best in class compliance, accountability, and training efforts will continue in the Program. The services-support personnel will consist of a full-time Statewide Quality Control Manager, two Program Compliance Managers, a Provider Screening Manager, a Provider Screening Coordinator, a Program Services Manager, an Education Manager, an Education Coordinator and a Training Coordinator. In total, the Program will require fourteen full-time staff to administer the Program on a statewide basis in FY19.



Texas Pregnancy Care Network Organizational Chart



- Provide the resumes/curriculum vitae for the CEO, CFO and Clinical/Program Director. If providing medical services, include the licensed Medical Director to practice medicine in Texas (including his/her State of Texas Medical License Number).



JOHN MCNAMARA, JD, MBA, EXECUTIVE DIRECTOR

1101 South Capital of Texas Hwy ❖ Suite K-250 ❖ Austin, Texas 78746 ❖ (512) 637-7011 ❖ john@texaspregnancy.org

PROFESSIONAL EXPERIENCE

TEXAS PREGNANCY CARE NETWORK – AUSTIN, TEXAS

January 2012 – Present

EXECUTIVE DIRECTOR

- Oversee all aspects of the Texas Alternative to Abortion Services Program to ensure a successful program.
- Anticipate and protect corporation against ideological assaults by hostile entities.
- Administer all customer contract requirements to ensure complete compliance.
- Oversee all corporate financial activities including budget preparation, monitoring of purchases, payments to vendors, and audit requirements.
- Ensure growth and success of the Texas Alternative to Abortion Services Program.
- Direct all staff to meet HHSC contract administration, data collection and program standards.
- Review and approve Providers.
- Ensure Provider compliance with Texas Pregnancy Care Network Agreement with HHSC.

THE MCNAMARA FIRM – AUSTIN, TEXAS

May 1998 – Present

ATTORNEY

- Founder of law firm serving entrepreneur and business clients on a variety of corporate matters, including mergers and acquisitions (M&A), tax issues, business formations, employment issues, contract negotiations, non-immigrant business visas, litigation management, intellectual property, and compliance matters.
- Provide legal and general counsel services, serve in leadership roles, and launch business ventures for clients.

ALLIANCE ABROAD GROUP – AUSTIN, TEXAS

January 2008 – October 2011

PRESIDENT

- Succeeded Founder to strategically lead established international cultural exchange company, heavily regulated by the U.S. State Department, offering reciprocal work/study opportunities under the Foreign Exchange designation.
- Led 50+ employees, serving ~10K annual participants.

KPMG – AUSTIN, TEXAS

September 1996 – April 1998

TAX SPECIALIST

- Provided consulting services in Big 4 accounting firm.
- Collaborated with businesses and entrepreneurs in manufacturing, real estate, and hotel chains to maximize tax savings.

EDUCATION

JURIS DOCTOR

University of Notre Dame, Notre Dame, Indiana

MASTERS OF BUSINESS ADMINISTRATION

University of Notre Dame, Notre Dame, Indiana

BACHELOR OF ARTS

University of Notre Dame, Notre Dame, Indiana



NICOLE NEELEY, JD, PROGRAM DIRECTOR

1101 South Capital of Texas Hwy ❖ Suite K-250 ❖ Austin, Texas 78746 ❖ (512) 637-7011 ❖ nicole@texaspregnancy.org

PROFESSIONAL EXPERIENCE

TEXAS PREGNANCY CARE NETWORK – AUSTIN, TEXAS

July 2016 – Present

PROGRAM DIRECTOR

- Conducting over 200 hours of in-person training on Program operations and compliance.
- Traveling to over 60 provider locations to monitor operations, train Providers, and discuss compliance issues.
- Managing the compliance staff and activities for the Texas Alternative to Abortion Services Program.
- Coordinating and participating in compliance efforts including contract management, educational material review, quality control, and annual monitoring.
- Providing support to individuals and Provider organizations in conducting Program activities, specifically addressing compliance issues and questions in regards to providing, documenting, and invoicing for Program services.
- Writing and creating Program manuals, reference guides, training slides, training videos, report templates, and formal correspondence for Program Providers.
- Developing and supervising the use of internal data management software to track Program activities.

BAYLOR LAW SCHOOL – WACO, TEXAS

September 2011 – June 2016

ASSISTANT DEAN OF ADMISSIONS *(PROMOTED FROM DIRECTOR OF ADMISSIONS, JANUARY 2012)*

- Built a policy and standards program to organize the department and to manage and assign the work of a complex admissions process and its initiatives.
- Reviewed applications and set standards for review and maintained a full-cycle recruitment schedule and process for transitioning candidates.
- Increased the number of recruiting events held each year and instituted several new programs to attract and attain candidates.
- Developed and maintained an annual budget and built and disseminated comprehensive reports based on data analysis.
- Directed the activities of support staff, volunteer students, and alumni, and counselled prospective, admitted, and denied candidates as well as current students and scholarship recipients.

THOMSON REUTERS – EAGAN, MINNESOTA

February 2011 – August 2011

LAW FIRM CONSULTANT

- Reviewed firm accounts and investigated needs, strategies, and business methods.
- Developed training as well as guidance and support opportunities for attorneys.

MOUNT SINAI SCHOOL OF MEDICINE – NEW YORK, NEW YORK

October 2010 – February 2011

REGULATION ANALYST

- Reviewed research protocols to oversee compliance with federal regulations.
- Worked with doctors, medical students, and university staff to protect research subjects' safety, confidentiality, and privacy.

EDUCATION

UNIVERSITY OF MICHIGAN LAW SCHOOL

Ann Arbor, Michigan

Juris Doctor, May 2010

UNIVERSITY OF NOTRE DAME

South Bend, Indiana

BA, May 2007

Pre-Medicine, Philosophy, Theology



DEANNA MAST, ACCOUNTANT

1101 South Capital of Texas Hwy ❖ Suite K-250 ❖ Austin, Texas 78746 ❖ (512) 637-7011 ❖ deanna@texaspregnancy.org

PROFESSIONAL EXPERIENCE

TEXAS PREGNANCY CARE NETWORK – AUSTIN, TEXAS

NOVEMBER 2016 – Present

ACCOUNTANT

- Oversee the management and processing of all accounting and financial data for the corporation.
- Ensure annual audit by Certified Public Accountants has no qualifications.
- Develop budget with Executive Director and tracks budget to actual.
- Provide reports and statistical information for Board of Directors, Executive Director, and HHSC on a monthly basis.

KINGS VIEW BEHAVIORAL HEALTH–MERCED, CA

AUGUST 2008 – OCTOBER 2016

FISCAL MANAGER

- Responsible for all financial accounting, reporting and budgeting functions related to program for adults with developmental disabilities.
- Responsible for all financial accounting, reporting and budgeting functions for HUD and HCD housing units.
- Supervise accounting department.

CAMPOS BROTHERS FARMS–CARUTHERS, CA

May 2003 – July 2008

SENIOR ACCOUNTANT

- Responsible for financial accounting, regulatory reporting and crop insurance for multiple entities.

DEL MONTE FOODS–HANFORD, CA

April 2001 – August 2003

RAW PRODUCT ACCOUNTANT

- Ensure accurate and timely payments to growers and trucking companies, \$30 million during 100 day harvest.
- Support accounting department, internal audits, internal controls, corporate presentations.

LASER LEVELING BY GEORGE

July 1993 – APRIL 2001

ACCOUNTANT/OFFICE MANAGER

- Responsible for all financial accounting and reporting.
- Facilitated daily operations to maximize efficiency.

FOWLER PACKING COMPANY

April 1997 – FEBRUARY 1999

COST ACCOUNTANT

MAY 1992 – NOVEMBER 1994

- 1997 – 1999 Software research, fixed asset database management, inventory, crop insurance, crop assessments.
- 1992 – 1994 Accounts receivable invoicing, speciality crop research, assist CFO.

RICHLAND SALES, A CARGILL COMPANY–REEDLEY, CA

November 1994 – March 1997

COST ACCOUNTANT

- Accountant for fresh fruit imported from Chile, assured contract timelines to growers and vessels were met.
-

EDUCATION

BS

BUSINESS ADMINISTRATION/ACCOUNTANCY

California State University Fresno, Fresno California



4. Describe Applicant's experience, knowledge, and expertise in providing A2A services. Specifically outline relevant administrative and clinical practices (maximum of 4 pages).

Texas Pregnancy Care Network was formed in Texas in 2005 specifically for the purpose of operating the newly created state-funded Texas Alternative to Abortion Services Program. The idea of using public dollars to encourage childbirth instead of abortion was novel, but was riddled with problems. Legislative proponents knew that opponents of the Program (of which there were many) would scrutinize the Program and use every angle to try to damage the credibility of the Program, in order to ultimately destroy it or defund it. In order to survive, the Program would have to be beyond reproach, and the organization that operated the Program would have to have the highest of standards. The proponents also knew that that the Program could not afford to make mistakes along the way. It would have to operate from day one armed with expertise and wisdom that can only be gained from experience.

In 2005, only one other state has successfully used taxpayer dollars to fund an Alternative to Abortion program, and that was Pennsylvania. At the time the Texas Program was created, the Pennsylvania Program had already been operating about ten years. The Pennsylvania program had already made all of the mistakes a new organization would make along the way, had learned from those mistakes, and had created a program of excellence that had grown significantly since its inception.

The founders of TPCN knew that there was only one path to success in Texas for this new and targeted Program. The path forward was to secure the rights to use the Pennsylvania program so that Texas would not have to fail along the way and risk the success of the Program. TPCN entered into a license agreement with the Pennsylvania program and began to operate the tried and tested Pennsylvania program in Texas. The Pennsylvania leadership team served as consultants for TPCN, conveying the ten years of trial and error and wisdom gained to the leadership of TPCN. This very successful partnership continued for many years and sealed the fate of the Texas Alternative to Abortion Services Program. Eventually TPCN outgrew the relationship with Pennsylvania, and left that Program, but always will have a debt of gratitude to Pennsylvania for the help that it brought to Texas.

Despite opposition's best efforts to repeatedly discredit and defund the Texas Program, it only grew larger and served more clients year after year. TPCN accomplished tremendous growth while staying true to its guiding principles for the Program. The principles that led to 12 years of success of the Program, despite tremendous opposition, include:

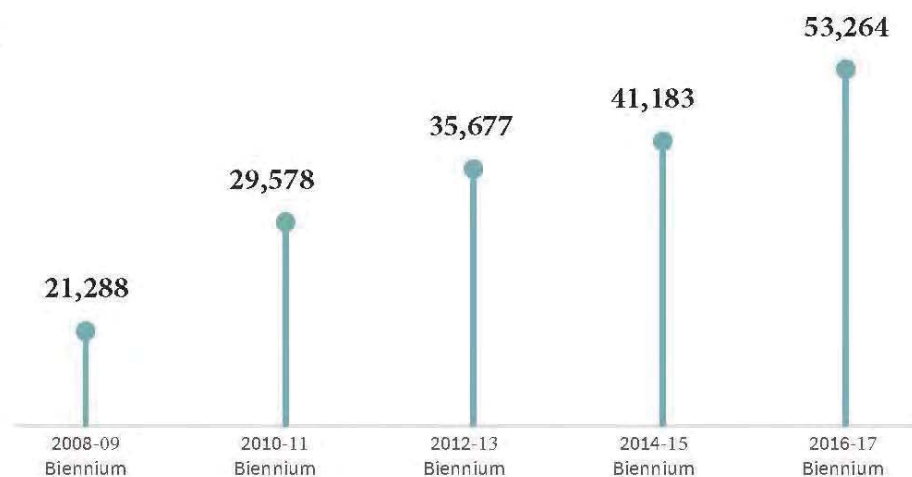
- **A Commitment to Excellence** – Both TPCN and its Provider subcontractors must strive for excellence in everything they do. This includes management of their organization, implementation of the highest standards, a dedication to constantly learning and improving, and a desire to fully and completely support every client and adoptive parent that walks through their door.



- **An Understanding of Our Role** – TPCN is not a large generic government contractor that operates a myriad of publically funded social service programs with conflicting missions. Nor is TPCN a pro-life advocacy group that is publically advocating the evils of abortion. TPCN operates one Texas social service program that attempts to help single moms and young families improve their lives. Public advocacy, lobbying, protesting, and debating all have important roles, but they are not part of the Program and not a part of TPCN.
- **Transparency, Honesty, and Hard Work** – Every counselor/mentor/educator that provides services to a client must individually submit a detailed invoice to TPCN for reimbursement for services provided to a client on a particular day. Last year TPCN received over 110,000 separate invoices, and personally reviewed over 298,000 signatures from clients, adoptive parents, and counselor/mentors. This is not the easy way, but it ensures that the Program is beyond reproach.
- **Uncompromising Standards** – In order for the Texas Program to be successful, TPCN has to be inflexible and stick to its standards. This means that Provider subcontractors get paid, but also have money taken away when an invoice does not meet Program standards.
- **One Clear Voice** – Just as the military must operate with uncompromising standards and one clear voice, so must TPCN be the only voice of the A2A Program in Texas for the Program to continue to thrive. Experimenting with multiple Providers will lead to division, rookie mistakes, cost inefficiencies and the demise of the Texas Program. For 12 extremely successful years, TPCN has been the single clear voice of the Texas A2A Program. If HHSC desires the successes to continue, this is the only path forward.

TPCN has served as the Program's prime contractor since the Program's beginning in 2006. Since that time, the Program has achieved marked growth:

CONTINUOUS GROWTH IN NUMBER OF CLIENTS SERVED

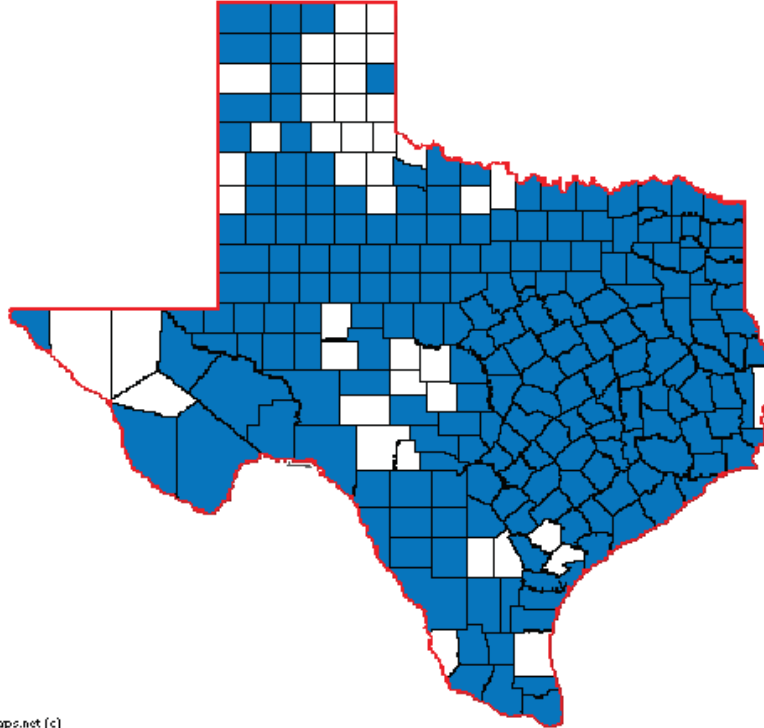


TPCN has achieved this growth due to its expanding network of Providers. Today, TPCN has 121 Provider locations under contract that are actively delivering services statewide, with a large number of new applications for additional locations currently under review. The 121 locations are in all 11 HHSC regions around the state. Most importantly, the Provider locations reach into every corner of Texas, blanketing the state with coverage. This county map shows the 212 out of 254



counties in Texas from which clients and adoptive parents reside that have received services in just the last 3 years of the Program:

**TPCN Clients and Adoptive Parents Served Since FY15:
212 COUNTIES OF RESIDENCE**



Source: diymaps.net (c)

Most importantly, TPCN is reaching the clients most in need of services. Clients from 212 Texas counties have received Program services since FY15, and residents of those counties accounted for 99% of all abortions in the state according to data available from DSHS.¹

As TPCN has grown in number of clients served, and number of locations around the state, the number of abortions in Texas has decreased. During the period of 2008 to 2015, the number of clients served annually by TPCN increased from 8,040 to 25,343. During those same years, the number of annual abortions in Texas decreased from 78,330 to 54,310.

TPCN also is achieving greater cost efficiency over time. Reimbursements to client services have increased more than 68% since FY15, while Administrative costs have decreased from 8.08% of expenditures to 7.13% of expenditures. TPCN projects this trend to continue in the follow-on contract, with Administrative costs expected to represent less than 3.3% of Program costs in FY19, despite the overall Program budget increasing 183% from FY17.

When the 85th Legislature convened, TPCN projected the additional funds that it would need to continue to grow the Program at its current growth rates. The projections showed that TPCN

¹ Texas Department of State Health Services, Vital Statistics 2013 Annual Report, Table 34, "Induced Terminations of Pregnancy by Age and County of Residence."



would need an additional \$20 million to fully fund the growth of the A2A Program through the FY18 and FY19 biennium. The Legislature responded to this data by providing up to an additional \$20 million for TPCN to continue its current growth trajectory.

TPCN will also adhere fully to the Texas Legislature's intent in Rider 222 of SB 1, 85th Regular Legislative Session, in that the additional \$20 million that will be utilized by the Program in the FY18 and FY19 biennium will solely fund client services. In other words, at least \$20 million more will be spent on client services during the FY18 and FY biennium than was spent on client services by the Program in the FY 16 and FY17 biennium.

The Table below summarizes some of TPCN's key strengths in support of this Proposal:

TPCN Features	Program Benefits
Twelve years of direct experience operating publicly-funded statewide alternatives to abortion program in Texas	Program avoids growing pains associated with startup, rollout, and implementation; administrative overhead less than 8%
Staff in place with cumulative 60 years of operating publicly-funded statewide alternatives to abortion program in Texas	No learning curve for new staff members; Very experienced staff in place to continue delivering program oversight beginning March 1, 2018
Existing statewide network of competent Providers with at least 121 locations already trained in Program rules and procedures	Client services continue without disruption beginning March 1, 2018
Personnel, equipment, policies, systems, and facilities required to administer statewide services are already in place	No capital or startup expenditures required; client services continue without disruption beginning March 1, 2018; more funds dedicated to serve women of Texas
Client-centered approach to services delivery	Compassionate services free of judgment or politics
Holds license to BriteWorks Pregnancy System	Proven system with state-of-the-art technology enables efficient delivery of services and maintains strong accountability features
Monitoring Provider activity in real time	BriteWorks PS allows TPCN to monitor client services and invoicing in real-time to ensure program transparency and accountability.
Received 11 consecutive unqualified opinions from CPA audits	Public trust in prime contractor as responsible steward of taxpayer funds
First non-profit organization in Texas to receive Seal of Excellence® in recognition for meeting highest standards of ethics and accountability	Public trust in prime contractor as ethical and accountable organization
Corporate officers and directors with business, legal, accounting, non-profit, and medical backgrounds	Prepared to meet variety of challenges inherent to administering publicly funded pregnancy and parenting support program
Centralized statewide operations: administration, education, and outreach	Efficiency and cost-savings; Providers are left to do what they do best, which is care for their clients



5. Describe Applicant's experience in administering comprehensive health care (e.g., prevention, screening, diagnostic, treatment services, and appropriate referral). Describe your referral systems and referral resources for services not provided by Applicant (maximum of 4 pages).

TPCN intentionally does not have experience in administering comprehensive health care because the Texas Alternative to Abortion Services Program is a social service program. It does not provide any health care services. TPCN has intentionally and pro-actively kept the Program out of the medical arena so as to not increase the risk and vulnerability of an already heavily-targeted program. Provider subcontractors may certainly offer limited or full medical services, but these services are completely outside the scope of the A2A Program. Medical services are already heavily regulated, inspected, and licensed by multiple government authorities. It would be a waste of government resources for TPCN to attempt to duplicate these already heavily regulated areas.

The Texas Alternative to Abortion Services Program is no different than other social services programs, like Family Violence. The core services are counseling, mentoring, education, materials assistance, and referrals. Pregnant women seek more than the medical community can provide. The medical community does not provide counseling, mentoring, education, and materials assistance to pregnant women. They refer to social service agencies to provide these services.

One of the four core services that TPCN provides clients and adoptive parents is referrals to third party organizations that can assist the client or adoptive parent with medical services, and other social services. TPCN requires that Provider subcontractors "stay in their lane" to assist within their areas of expertise, but utilize expert third party referral sources whenever appropriate. During FY17, TPCN Providers spent 140,690 minutes (over 2,300 hours) speaking with third party referral sources for eligible clients and adoptive parents. This does not include the time to convey the referral information to the clients, which would be considered counseling/mentoring under Program rules. The referrals were for the following types of information and services:

Abortion Education	Daycare	Newborn Wrapping
Abuse	Decision Making	Other
Adoption Education	Education	Parenting
Anger Management	Financial	Postpartum Depression
Babyproofing Home	Guardianship	Prenatal Care
Breastfeeding	Housing	Prenatal Development
Breast Pumping	Infant CPR	Prenatal Exercise
Budgeting for Family	Initial Intake	Prenatal Nutrition
Car seat Training	Legal	Relationship
Child Support	Life Skills	Sleep Strategy
Child Vaccinations	Maternal Well-Being	Smoking Cessation
Childbirth	Maternity Leave	STD Information
Cord Blood Banking	Medical	Stress Management
C-Section Primer	Newborn Care	Ultrasound Education



TPCN estimates that Provider subcontractors will spend over 110,000 minutes (1,833 hours) speaking directly with referral sources for clients and adoptive parents from March through August 2018, and over 408,000 minutes (6,800 hours) speaking directly to referral sources for clients and adoptive parents in Fiscal Year 2019.

The Program is already referring clients and adoptive parents for medical services and to other government programs, but starting in March 2018, the Program will have a renewed emphasis on ensuring that clients and adoptive parents have referrals to appropriate medical care and are aware of all of the governmental resources that are available through HHSC and county programs.

All new Providers present a list of referrals to TPCN so that TPCN may appropriately review and screen the resources. TPCN will now be ensuring that Provider subcontractors have information available onsite on Medicaid, CHIP, SNAP, TANF, WIC, ECI, HTW, FVP, PHC, Title V: Child Health and Dental, Title V: Prenatal and Dental, and the Healthy Marriage Program.

6. Subcontracting Background- Describe the following if Applicant plans to have subcontract any of the intended services:

A. Experience subcontracting with other organizations/providers;

TPCN has extensive experience subcontracting with and screening other organizations to provide Program services for the Texas A2A Program. TPCN will not subcontract program operations to any other entity. As in the current contract, however, TPCN will subcontract the task of direct client services delivery to its Provider network, which consists of 121 Texas locations in every HHSC region of the state.

This network includes maternity homes, pregnancy centers, adoption agencies, and social service agencies across Texas. All Providers deliver core services of promoting childbirth rather than abortion at the time of first contact with TPCN. These core services may not be outsourced by a Provider subcontractor. Standards regarding Provider corporate background and experience are uniform: all subcontractors must be non-profit, 501(c)(3) organizations with a minimum of 1 year of operational experience providing core Program services, which consist of counseling and mentoring in support of childbirth. Subcontracted Providers must have, as a fundamental part of their mission, a commitment to actively promoting childbirth rather than abortion for women who are undecided about whether or not to have the child. In addition, all subcontracted Providers must meet the extensive participation standards outlined below.

All client services will continue to be subcontracted to TPCN's Providers on a fee-for-service basis. Services will include core services of counseling, mentoring, and education, together with support services including materials assistance and referrals to other services, when appropriate. In TPCN's experience, these are the services that help women choose childbirth rather than abortion.



Administering the statewide Program begins with screening, evaluating, approving, and contracting with Providers, who in turn deliver client services.

Women experiencing a crisis or otherwise challenging pregnancy are in need of support, not judgment or political persuasion. By adhering to its Provider Selection Process, described below, TPCN has a demonstrable record of identifying and subcontracting with compassionate, client-centered Providers.

The Provider Selection Process is as follows: Once a potential provider expresses interest to TPCN in participating in the Program, the organization is preliminarily asked whether it is aligned with the Program. The Alignment Survey confirms that the organization:

- Has been providing pregnancy support and education services to clients for at least one year;
- Is a registered 501(c)3 tax exempt organization;
- Promotes childbirth rather than abortion in its response to a difficult or unexpected pregnancy;
- Is not associated with any entity (physically, financially, legally, or via common management or shared employees) that promotes, refers, or provides for abortion services;
- Agrees not to promote, refer, or provide abortions or abortifacient contraceptives to clients;
- Does not charge fees to clients for its Program services;
- Agrees that spiritual counseling services will be provided by a different counselor than the one delivering reimbursable Program services (for faith-based organizations);
- Maintains policies and procedures protecting client confidentiality;
- Maintains policies and procedures ensuring clients know how to express grievances regarding the quality of services they have received;
- Agrees to have all staff and volunteers undergo annual criminal background checks, child abuse checks, and sexual offender checks;
- Maintains insurance policies for general liability, automobile, and workers compensation;
- Maintains a policy of nondiscrimination, providing services to clients regardless of race, color, religion, national origin, gender, age, disability, and any other protected status; and
- Agrees to maintain a policy ensuring services delivery to persons of limited English capabilities.

If the potential Provider meets the minimum requirements, it is then invited to complete a comprehensive Full Evaluation Checklist, and send it together with responsive documents to TPCN for review. Among the documents reviewed are:

- Proof of IRS 501(c)3 tax-exempt status, with federal tax number;
- Three years of Internal Revenue Service's Forms 990
- The organization's file-stamped Articles of Incorporation;
- The organization's Bylaws;
- Proof of the organizations good standing with the Secretary of State;
- A list of Board of Directors members, or of an equivalent governing body;



- The organization's client services Policies and Procedures Manual, which must include proof of Board approval and regular review, and must contain key client policies such as confidentiality, privacy, limited English proficiency, and non-discrimination;
- Staff diplomas evidencing degreed training in social services or nursing, or otherwise training materials in pregnancy counseling/mentoring skills; and
- Proof of general liability insurance for locations where services are rendered, as well as automobile and workers compensation insurance.

If all of the above and additional evaluation criteria are met, TPCN conducts a visit of the physical locations where Program services would be delivered. The facilities are inspected to ensure that they offer safe and confidential areas for client services. The location must be handicapped-accessible or provide reasonable accommodations for disabled persons.

TPCN will not give final approval to an organization if other requirements to ensure quality services are not met. For example, TPCN does not approve of misleading practices or services descriptions, nor the use of client education materials that are unsubstantiated, inaccurate, judgmental, political, or out of date.

New Program Providers are trained in person by a TPCN staff member and monitored at least once a year by a Program Compliance Manager.

By following the Provider Selection process, TPCN has subcontracted with an impressive and diverse network of organizations throughout Texas. Among the Program's Providers are:

- an emergency maternity shelter;
- maternity homes and residential care facilities;
- social service agencies that provide case management by licensed social workers;
- pregnancy support centers that offer crisis mentoring, education classes, and materials support both during and after pregnancy;
- an organization that provides fatherhood training whose mission is to work for the preservation and protection of the culture and traditions of the Tap Pilam Coahuiltecan Nation and other indigenous people of the Spanish colonial missions in south Texas and northern Mexico;
- birth doula organizations that specialize in education and support during childbirth; and
- licensed adoption agencies that help clients decide between parenting and adoption.

TPCN will diligently continue to develop its network of Providers by continuing to screen, orientate, train, and monitor new potential providers that can meet the strenuous requirements of the Program.

B. Experience developing subcontracts and subcontract negotiations;
 TPCN's Executive Director is a licensed Texas attorney whose law practice focused on contract drafting and negotiations for 20 years prior to joining TPCN. Since joining TPCN, the Executive Director has drafted and executed hundreds of subcontracts between TPCN and Providers across Texas. Additionally, TPCN's Program Director is an attorney and former Associate Dean of



Baylor Law School. Together, the Executive Director and Program Director make a powerful legal team to develop and negotiate subcontract Provider agreements.

Generally speaking, TPCN does not negotiate Provider subcontractor agreements. The Provider subcontractor agreement is standardized each fiscal year or contract period, with new Program requirements inserted or terms modified accordingly. Because of the size and scope of the A2A Program, Provider subcontractors must not modify or request changes to the agreement so that TPCN's uncompromising protection of the A2A Program is standardized throughout the state.

- C. Experience performing program monitoring of Providers, including monitoring of professional and clinical services;

TPCN has been monitoring Providers for the A2A Program since its inception in 2006. It has conducted hundreds of monitorings at Provider subcontractor locations throughout Texas. During FY18, TPCN will conduct 59 separate Annual Monitorings at 59 different locations around Texas. It will also conduct an onsite monitoring for each new location that becomes a Provider location. The monitorings are conducted according to a checklist that is part of the BriteWorks Pregnancy System. The Provider's physical facilities are closely inspected; management is interviewed to alert TPCN to changes to corporate and organizational policies; policies and procedures manuals are inspected; and background check files are matched with dates entered into BriteWorks.

- D. Experience providing technical assistance to Providers, including budget development and management;

Once Providers go through the rigorous onboarding and Program training process, TPCN continues to provide ongoing management, education and support. TPCN contracts with its Providers on a fee-for-services basis, and the legal relationship is that of prime contractor/subcontractor.

Under the fee-for-services contract, money is not 'given' to the Providers. Rather, it is always earned, on the basis of specific support rendered to actual clients served. This performance-driven system rewards Providers who reinvest their Program reimbursements into new reimbursable services—a cycle that benefits the clients most. Repeatedly, TPCN has observed Providers expand their services, or open new locations altogether, in order to serve more women, in order to earn more reimbursements. When more services are added, the women and families of Texas win.

The prime contractor/subcontractor relationship allows the Providers to do what they do best, which is care for their clients, while leaving TPCN to handle the statewide Program administration, education, and outreach.

Once trained, Providers are ready to deliver services. Providers bill TPCN and are reimbursed for specific support provided to actual clients, categorized generally as counseling/mentoring; referrals; education classes; and materials assistance.



The minimum rates for reimbursement starting on March 1, 2018 will be: \$1.20 per minute for counseling/mentoring time; \$1.20 per minute for referral time; \$24.00 per client per hour of education class; and \$12.00 per visit for materials assistance (capped at 36 visits per pregnancy). TPCN is utilizing the same reimbursement rates as the Fiscal Year 2017 contract, but with a nominal five percent increase in rates. This increase in reimbursement rates is still significantly less than the Bureau of Labor Statistic's calculation of inflationary increases since the Program's inception.

TPCN uses the BriteWorks Pregnancy System to manage its network of Providers.² This system uses state-of-the-art technology to ensure program accountability and compliance. The system is licensed from TruthWorks, LLC, and provides everything necessary to operate a state funded Alternative to Abortion program, including forms, manuals, technology, and reports accessible through a highly secure web-based online platform and database. Each counselor/educator has a unique login and password to access their account. Counselors/educators complete and sign tablet-based billing forms when the client is present, and the client signs a tablet computer to verify services were delivered. The completed counselor/educator forms are totaled and serve as monthly invoices from the Providers. TPCN reviews, monitors, and processes the forms daily, collecting demographic and Program data.

Each client is assigned a unique client identifier by BriteWorks PS after entering minimal client demographics into the system. The client's social security number is not requested or utilized by BriteWorks PS. Two forms are required for the billing system: one is akin to an intake form, and is signed by the client who receives services, to confirm that an actual person received services on the date indicated by the invoice; the second form, the invoice, is completed, signed, and sent to TPCN by the Provider staff person who personally served the client.

TPCN provides real time technical support to the more than 850 counselors/educators that access the BriteWorks system. Counselors/educators and managers can call TPCN during normal business hours for help and support with the BriteWorks system. They can also send secure messages to TPCN around the clock for help and support.

Additionally, TPCN will continue to provide value-added benefits to Provider subcontractors. Foremost among these is the formal non-profit management consulting TPCN provides to its Providers. Organizations approved as Providers enjoy a continuing opportunity to improve their operations and client services due to their access to TPCN's expertise in non-profit management. TPCN has been recognized for having met the highest standards of non-profit operations by the Standards for Excellence Institute. This expertise is in turn passed along to the Providers both through the initial participation standards and ongoing correspondence and consulting provided by TPCN, at no charge to the Provider or the Program.

² Any BriteWorks materials that belong to TruthWorks shall remain the exclusive property of TruthWorks and shall not be deemed a "Deliverable" under the Agreement. BriteWorks PS includes the following copyrighted and proprietary materials: all software, documents, forms, checklists, staff training materials, Service Provider program manuals, billing systems, procedures, reports, accounting manuals, and program management tools used to administer a statewide Alternative to Abortion Services Program. **BriteWorks PS is specifically exempt from TX HHSC RFA No. HHS0000502, as well as section 6.01 of the Uniform Terms and Conditions, if applicable.**



TPCN has ten years of experience in managing its network of Providers to ensure that the Program is delivering the highest quality of services to clients. TPCN will continue to utilize these proven methods in the coming years of the contract.

- E. Staff position(s) that will be responsible for monitoring Providers and what qualifications will be required;

Staff positions that will be responsible for monitoring Providers all report directly to TPCN's Program Director or Executive Director, who are both attorneys. The positions include a full-time Statewide Quality Control Manager, a Provider Screening Manager, a Provider Screening Coordinator, and two Program Compliance Managers. A four year degree is required, and a background and experience in compliance as well as extensive writing experience is preferable. Extensive training and apprenticeship is required before an employee conducts a monitoring alone. All monitorings follow an inflexible monitoring checklist that must be fully completed.

- F. Staff position(s) that are anticipated for monitoring professional and clinical Providers and the required qualifications for each position;

Staff positions that will be responsible for monitoring professional and clinical Providers all report directly to TPCN's Program Director or Executive Director, who are both attorneys. The positions include a full-time Statewide Quality Control Manager, a Provider Screening Manager, a Provider Screening Coordinator, and two Program Compliance Managers. A four year degree is required, and a background and experience in compliance as well as extensive writing experience is preferable. Extensive training and apprenticeship is required before an employee conducts a monitoring alone. All monitorings follow an inflexible monitoring checklist that must be fully completed.

- G. Policies and procedures Applicant has for monitoring Providers that provide direct client services; and

TPCN's commitment to administering a statewide program that is accountable to the public is reflected in the resources it invests in its quality control, evaluation, training, and monitoring efforts. More than half of TPCN's staff are dedicated full-time to achieving and maintaining accountability. Additionally, TPCN's licensing of the BriteWorks Pregnancy System brings monitoring into the modern age, leveraging technology to continually monitor Provider activities.

Ongoing monitoring for accountability begins as soon as a new Provider begins services, and occurs on a daily, monthly, and annual basis.

Daily, TPCN manually inspects invoices submitted by counselor/educators through BriteWorks in real time, scrutinizing them for errors, irregularities, or non-compliance. TPCN's full-time Quality Control Manager is dedicated to this task. She will routinely negate non-compliant invoices prior to reimbursement, and contact the submitting counselor/educator for retraining. Every



counselor/mentor/educator that provides services to a client must individually submit a detailed invoice to TPCN for reimbursement for services provided to a client on a particular day. Last year TPCN received over 110,000 separate invoices, and personally reviewed over 298,000 signatures from clients, adoptive parents, and counselor/mentors.

Additionally, on a continuous and ongoing basis, Program Compliance Managers and Administrative staff scrutinize every signature submitted by clients and counselors in BriteWorks for billing purposes to ensure that the client was actually present for in-person billed services, and that program rules and policies were followed in completing the forms. Forms found to contain errant signatures are marked for negation and a deduction of reimbursable amounts.

Monthly, TPCN reviews Provider performance to detect areas of service in need of continuation training. This review is conducted by TPCN's Program Services Manager, and she also provides ongoing Program training as necessary.

Annually, every Provider receives an in-person Annual Monitoring by TPCN. At the Annual Monitoring, physical facilities are again closely inspected; management is interviewed to alert TPCN to changes to corporate and organizational policies; and background check files are matched with dates entered into BriteWorks. Annual monitoring of Providers for this fiscal year is already underway and will continue through April 2018.

If any of the above compliance methods yields instances of non-compliance, those instances are reported, and TPCN deducts the value of those services from the Service's Provider's reimbursement. If excessive deductions are recorded for a Provider, the Provider is scheduled for an over the phone or in-person retraining by TPCN. If a retraining does not reduce the amount of Provider errors, the Provider's contract will be suspended or terminated.

TPCN will continue to utilize its extensive and proven oversight and compliance methods for its Provider network to ensure that the Program is utilizing taxpayer dollars in the most efficient and effective manner in the coming years.

- H. Staff position(s) that are anticipated for providing training and technical assistance to Providers on data collection and submission, and data quality improvement.

Staff positions that will be responsible for providing training and technical assistance to Providers all report directly to TPCN's Program Director or Executive Director, who are both attorneys. The positions include the Program Director, a Statewide Quality Control Manager, two Program Compliance Managers, a Provider Screening Manager, a Provider Screening Coordinator, a Program Services Manager, an Education Manager, an Education Coordinator and a Training Coordinator.



FORM G-1: APPLICANT BACKGROUND GUIDELINES

**Legal Business Name
of Applicant:**

Texas Pregnancy Care Network

1. Provide a one-page executive summary describing the Applicant's vision, mission and values statements, along with a description of how the board of directors, if any, is involved in the operations of the Applicant.
2. Provide a detailed description of the organizational structure, management systems and lines of authority that are appropriate and adequate for the size and scope of the Applicant's organization.
3. Provide the resumes/curriculum vitae for the CEO, CFO and Clinical/Program Director. If providing medical services, include the licensed Medical Director to practice medicine in Texas (including his/her State of Texas Medical License Number).
4. Describe Applicant's experience, knowledge, and expertise in providing A2A services. Specifically outline relevant administrative and clinical practices (maximum of 4 pages).
5. Describe Applicant's experience in administering comprehensive health care (e.g., prevention, screening, diagnostic, treatment services, and appropriate referral). Describe your referral systems and referral resources for services not provided by Applicant (maximum of 4 pages).
6. Subcontracting Background- Describe the following if Applicant plans to have subcontract any of the intended services:
 - A. Experience subcontracting with other organizations/providers;
 - B. Experience developing subcontracts and subcontract negotiations;
 - C. Experience performing program monitoring of Providers, including monitoring of professional and clinical services;
 - D. Experience providing technical assistance to Providers, including budget development and management;
 - E. Staff position(s) that will be responsible for monitoring Providers and what qualifications will be required;
 - F. Staff position(s) that are anticipated for monitoring professional and clinical Providers and the required qualifications for each position;
 - G. Policies and procedures Applicant has for monitoring Providers that provide direct client services; and
 - H. Staff position(s) that are anticipated for providing training and technical assistance to Providers on data collection and submission, and data quality improvement.



FORM G-2: APPLICANT BACKGROUND CHECKLIST

Check Yes or No:

1. Program Administration and Management	Yes	No
Did you provide job descriptions that include specific duties for the key employees related to the A2A program?	X	
<ul style="list-style-type: none"> • Program Director • Clinicians • Eligibility, data collection, and billing staff 		
Do you have measures in place to adequately monitor funds in order to ensure the provision of A2A program Services to Clients throughout the entirety of the contract term?	X	
Do you have experience in administering women's health services (e.g., prevention, screening, and appropriate referral)?	X	
Is your agency a non-public entity that provides A2A services?	X	
2. Service Delivery		
Do you have staff available to determine eligibility?	X	
Do you provide A2A services to adolescents?	X	
3. Partnerships/Subcontracting		
Providers: Do you plan to use Providers or contractors for any of the required services?	X	
If yes, please list who are the Providers: Attached additional sheet if needed. <u>Please see attached</u>		
Do you have experience developing, negotiating, and administering subcontracts with other organizations/providers to provide direct client services?	X	
Do you have experience providing budget development, management, and technical assistance to Providers?	X	
Do you have key staff that will provide training and technical assistance to Providers, including data collection and submission?	X	
Do you have key staff that will be responsible for monitoring Providers' programmatic performance, including professional and clinical services?	X	
Do you have key staff that will be responsible for monitoring Providers' fiscal performance?	X	
Do you have key staff that will be responsible for monitoring Providers' quality assurance/quality improvement?	X	
4. Data Collection and Billing Systems		
Do you have a billing system and/or process to submit Direct Client Services claims to HHSC?	X	



Provider Subcontractor - Name of Location	City	Zip	County	Region	Type
Care Net Pregnancy Resource Center of Dumas	Dumas	79029	Moore	1	PC
Children's Connections Inc. - Amarillo	Amarillo	79109	Randall	1	AA
Children's Connections Inc. - Lubbock	Lubbock	79423	Lubbock	1	AA
Family Promise of Lubbock – Hope House	Lubbock	79401	Lubbock	1	SS
Family Promise of Lubbock – Promise House	Lubbock	79401	Lubbock	1	RU
Family Promise of Lubbock – Samaritan House	Lubbock	79401	Lubbock	1	SS
Children's Connections Inc. - Abilene	Abilene	79606	Taylor	2	AA
Children's Connections Inc. - Wichita Falls	Wichita Falls	76310	Wichita	2	AA
Pregnancy Resources of Abilene	Abilene	79603	Taylor	2	PC
The Open Door Pregnancy Center - Breckenridge	Breckenridge	76424	Stephens	2	PC
The Open Door Pregnancy Center - Cisco	Cisco	76437	Eastland	2	PC
Birth Choice	Dallas	75243	Dallas	3	PC
Bridges Safehouse, Inc. - Main	Cedar Hill	75104	Dallas	3	RU
Bridges Safehouse, Inc. - Thrifty Boutique	Cedar Hill	75104	Dallas	3	SS
Catholic Charities of Dallas - Main	Dallas	75247	Dallas	3	AA
Children & Family Institute - Dallas	Dallas	75232	Dallas	3	AA
Children & Family Institute - Ft. Worth	Fort Worth	76011	Tarrant	3	AA
Children's Connections Inc. - Dallas	Dallas	75209	Dallas	3	AA
Children's Connections Inc. - Ft. Worth	Fort Worth	76102	Tarrant	3	AA
Children's Connections Inc. - Gainesville	Gainesville	76240	Cooke	3	AA
ChristianWorks	Dallas	75230	Dallas	3	AA
ChristianWorks – Fort Worth	Fort Worth	76110	Tarrant	3	AA
Family Care Connection – South Dallas	Dallas	75237	Dallas	3	SS
Family Care Connection - Main Office	Dallas	75237	Dallas	3	SS
Family Care Connection - West Dallas	Dallas	75212	Dallas	3	SS
First Look	Waxahachie	75165	Ellis	3	PC
Gladney Center for Adoption	Fort Worth	76132	Tarrant	3	AA
Hope Cottage - Dallas	Dallas	75204	Dallas	3	AA
Hope Mansion - Main	Cedar Hill	75104	Dallas	3	RU
Involved for Life - Downtown Pregnancy Center	Dallas	75201	Dallas	3	PC
Involved for Life - Uptown Women's Center	Dallas	75204	Dallas	3	PC
Loreto House - Main	Denton	76201	Denton	3	PC
Low Birth Weight Development Center	Dallas	75211	Dallas	3	SS
Metroplex Mobile Pregnancy Clinic	Arlington	76010	Tarrant	3	PC
Metroplex Women's Clinic - Mansfield	Mansfield	76063	Tarrant	3	PC
Metroplex Women's Clinic - North	Arlington	76012	Tarrant	3	PC
Metroplex Women's Clinic - Southeast	Arlington	76018	Tarrant	3	PC
Metroplex Women's Clinic - Southwest	Arlington	76017	Tarrant	3	PC
Raffa Clinic	Greenville	75401	Hunt	3	PC
Children's Connections Inc. - Texarkana	Texarkana	75503	Bowie	4	AA



Children's Connections Inc. - Tyler	Tyler	75701	Smith	4	AA
Expectant Heart Pregnancy Resource Center	Longview	75604	Gregg	4	PC
1st Choice Pregnancy Resource Center	Texarkana	75501	Bowie	4	PC
Hope Cottage - Tyler	Tyler	75701	Smith	4	AA
Living Alternatives of Jacksonville	Jacksonville	75766	Cherokee	4	PC
Living Alternatives of Palestine	Palestine	75801	Anderson	4	PC
Paris Pregnancy Care Center	Paris	75460	Lamar	4	PC
Paris Pregnancy Care Center of Red River County	Clarksville	75426	Red River	4	PC
Raffa Clinic - Quinlan	Quinlan	75474	Hunt	4	PC
CC - Huntsville - Grace Pregnancy Outreach	Livingston	77351	Polk	5	PC
Children's Connections Inc. - Beaumont	Beaumont	77707	Jefferson	5	AA
Children's Connections Inc. - Lufkin	Lufkin	75904	Angelina	5	AA
Living Alternatives of Palestine - Crockett	Crockett	75835	Houston	5	PC
Pregnancy Help Center of Lufkin	Lufkin	75904	Angelina	5	PC
Anchor Point - League City	League City	77573	Galveston	6	PC
Anchor Point - Seabrook	Seabrook	77586	Harris	6	PC
Catholic Charities of the Archdiocese of Galveston-Houston - Central Office	Houston	77006	Harris	6	SS
Catholic Charities of the Archdiocese of Galveston-Houston - Fort Bend County	Stafford	77477	Ft. Bend	6	SS
Catholic Charities of the Archdiocese of Galveston-Houston - Mamie George Community Center	Richmond	77469	Harris	6	SS
Catholic Charities of the Archdiocese of Galveston-Houston - Moran Health Center	Houston	77002	Harris	6	SS
CC - Huntsville	Huntsville	77340	Walker	6	PC
Children's Connections Inc. - Houston	Houston	77098	Harris	6	AA
Community Family Centers	Houston	77012	Harris	6	SS
Foundation for Life	Houston	77092	Harris	6	PC
Houston Pregnancy Help Center - Downtown	Houston	77004	Harris	6	PC
Houston Pregnancy Help Center - Fifth Ward	Houston	77020	Harris	6	PC
Houston Pregnancy Help Center - Mobile Medical Van	Houston	77004	Harris	6	PC
The Source for Women - Galleria	Houston	77501	Harris	6	PC
The Source for Women - Northeast	Houston	77093	Harris	6	PC
The Source for Women - Spring Branch	Houston	77055	Harris	6	PC
Waller Pregnancy Care Center	Waller	77484	Waller	6	PC
Annunciation Maternity Home	Georgetown	78628	Williamson	7	RU
Austin LifeCare	Austin	78757	Travis	7	PC
Care Net of Central Texas Medical Services	Waco	76710	McLennan	7	PC
Care Net Pregnancy Support Center and Guesthouse	Waco	76701	McLennan	7	RU
Catholic Charities of Central Texas - Counseling Services	Austin	78754	Travis	7	SS
Central Texas LifeCare – Main	San Marcos	78666	Hays	7	PC
Central Texas LifeCare – Ranch	San Marcos	78666	Caldwell	7	RU
Children's Connections Inc. - Austin	Austin	78757	Travis	7	AA



Children's Connections Inc. - Bryan	Bryan	77802	Brazos	7	AA
Children's Connections Inc. - Killeen	Killeen	76542	Bell	7	AA
Children's Connections Inc. - San Marcos	San Marcos	78666	Hays	7	AA
Children's Connections Inc. - Waco	Waco	76710	McLennan	7	AA
Gabriel Project Life Center - Austin	Austin	78754	Travis	7	PC
Gabriel Project Life Center - Brazos Valley	Bryan	77801	Brazos	7	PC
Our Lady of the Angels Maternity Shelter	Temple	76504	Bell	7	RU
Pregnancy Help Center of Williamson County	Georgetown	78626	Williamson	7	PC
St. John Paul II Life Center	Austin	78731	Travis	7	PC
AITSCM – San Antonio Fatherhood Campaign	San Antonio	78228	Bexar	8	SS
AITSCM – Healing a Wounded Spirit	San Antonio	78207	Bexar	8	SS
A Woman's Haven	San Antonio	78240	Bexar	8	PC
A Woman's Haven - Mobile Pregnancy Clinic	San Antonio	78240	Bexar	8	PC
Catholic Counseling & Consultation Center	San Antonio	78207	Bexar	8	SS
Children's Connections Inc. - Eagle Pass	Eagle Pass	78852	Maverick	8	AA
Children's Connections Inc. - San Antonio	San Antonio	78212	Bexar	8	AA
Children's Connections Inc. - Victoria	Victoria	77904	Victoria	8	AA
Guadalupe Home	San Antonio	78207	Bexar	8	RU
Life Choices Medical Clinic	San Antonio	78238	Bexar	8	PC
Pregnancy and New Parent Support Services	San Antonio	78228	Bexar	8	SS
Providence Place	San Antonio	78240	Bexar	8	AA
San Antonio Birth Doula's	San Antonio	78207	Bexar	8	SS
Seton Home	San Antonio	78210	Bexar	8	RU
SJRC Texas - Bulverde	Bulverde	78163	Comal	8	RU
SJRC Texas - New Braunfels	New Braunfels	78132	Comal	8	RU
SJRC Texas - San Antonio	San Antonio	78217	Bexar	8	AA
St Paul Lutheran Child Development Center C.A.R.E Program	San Antonio	78210	Bexar	8	SS
St PJ's Children's Home	San Antonio	78210	Bexar	8	SS
Children's Connections Inc. - Midland	Midland	79705	Midland	9	AA
Children's Connections Inc. - San Angelo	San Angelo	76904	Tom Green	9	AA
The Life Center - Andrews	Andrews	79714	Andrews	9	PC
The Life Center - Big Spring	Big Spring	79720	Howard	9	PC
The Life Center - Midland	Midland	79701	Midland	9	PC
The Life Center - Odessa	Odessa	79761	Ector	9	PC
Children's Connections Inc. - El Paso	El Paso	79901	El Paso	10	AA
Hope Cottage - El Paso	El Paso	79902	El Paso	10	PC
Catholic Charities of the Rio Grande Valley - Brownsville Office	Brownsville	78520	Cameron	11	SS
Catholic Charities of the Rio Grande Valley - San Juan Office	San Juan	78589	Hidalgo	11	SS
Children's Connections Inc. - Corpus Christi	Corpus Christi	78415	Nueces	11	AA
Children's Connections Inc. - Edinburg	Edinburg	78539	Hidalgo	11	AA
Children's Connections Inc. - Laredo	Laredo	78045	Webb	11	AA



Corpus Christi Hope House	Corpus Christi	78404	Nueces	11	RU
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**FORM H: PROJECT WORK PLAN
(Includes Executive Summary)**

Legal Business

Name of Applicant: Texas Pregnancy Care Network

1. Provide a one-page high-level summary describing the applicant's approach to meeting the RFA's requirements. The summary must demonstrate an understanding of the goals and objectives of the grant. (maximum 1 page).

Texas Pregnancy Care Network (TPCN), the only organization experienced in administering a publicly-funded, statewide alternatives to abortion program in Texas, proposes to continue to be the prime contractor of the Texas Alternative to Abortion Services Program (the Program).¹

If awarded the contract, TPCN is prepared to continue delivery of client services and full Program operations on March 1, 2018, without disruption between contracts.

TPCN has served as the Program's prime contractor since the Program's inception in 2006. During that time, TPCN has achieved the Mission Objectives identified in the original RFP and the 2009 RFP. In addition, TPCN:

- Has received 11 consecutive unqualified opinions of its financial management of Program funds from a national CPA firm;
- Has been monitored annually by HHSC, with no material findings of noncompliance received;
- Has consistently maintained Program administrative costs at significantly less than 15% of the awarded funds, per TANF requirements;
- Since the Program inception, has served more than 175,000 clients making over 825,000 visits;
- Has served clients from 212 Texas counties, and residents of those counties account for more than 99% of all abortions in the state according to the latest data available from DSHS;
- Has trained more than 850 pregnancy support counselors on the federal Charitable Choice Provisions Applicable to the Temporary Assistance for Needy Families Program, as well as other Program rules and regulations; and
- Became the first nonprofit organization in Texas to be awarded the Seal of Excellence by the Standards for Excellence Institute, a national initiative that promotes the

¹ TPCN's proposal assumes that, as in HHSC's Original A2A Contract #529-06-0277-00001, as amended: 1) the purpose of the program remains to promote childbirth rather than abortion to women who are pregnant and may be undecided about whether or not to have the child; and 2) consistent with this purpose, providing abortions, or providing information about abortions or referrals to abortion services is inconsistent with the purposes of the Program; and that abortion may, however, be discussed in the context of promoting childbirth rather than abortion.



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highest standards of ethics and accountability in nonprofit governance, management, operations, and facilities.

TPCN has taken the Program to these heights by licensing the BriteWorks Pregnancy System, which was developed by TruthWorks, LLC. TPCN holds the license to use BriteWorks PS for the purpose of administering this Program in Texas. If awarded the contract, TPCN will maintain its licensing relationships with TruthWorks in order to efficiently sustain and expand the Program at the lowest possible cost.² TPCN's cost estimates for FYs 2017-18 and 2018-19 are presented in Form M.

TPCN's comprehensive pregnancy and parenting support program improves the quality of available services to the women of Texas. By increasing access to information on pregnancy, parenting skills, adoption, and referrals, TPCN empowers women to feel confident and prepared in choosing childbirth, rather than succumbing to internal or external pressures to abort their pregnancy.

2. Applicant must provide a narrative description of how it plans to achieve the A2A program's goals (maximum 18 pages). The narrative description, as referenced in Article 2 – Scope of Work, must include how the Applicant will meet the following requirements:

- a. 2.1.0: Specified A2A Client Services

TPCN will summarize the Program as it has been administered by TPCN for the last 12 years and will be administered by TPCN going forward. **This summary comes in part directly from the current 132 page BriteWorks PS Program Manual, which is confidential and a trade secret. This Form H: Project Work Plan should not be released pursuant to the Texas Public Information Act or a Freedom of Information Request without protecting the confidential information and trade secrets contained herein.**

Identifying Program-Eligible Clients

The primary purpose of the Texas Alternative to Abortion Services Program is to encourage childbirth instead of abortion. That purpose drove the creation of the Program in 2005, has driven the enormous expansion and sustained success of the Program, and will continue to drive the Program forward in Fiscal Years 2018 and 2019. Encouraging childbirth instead of abortion is the central purpose of the Program, and from that purpose all services, policies and procedures are derived.

² Any BriteWorks materials that belong to TruthWorks shall remain the exclusive property of TruthWorks and shall not be deemed a "Deliverable" under the Agreement. BriteWorks PS includes the following copyrighted and proprietary materials: all software, documents, forms, checklists, staff training materials, Service Provider program manuals, billing systems, procedures, reports, accounting manuals, and program management tools used to administer a statewide Alternative to Abortion Services Program. **BriteWorks PS is specifically exempt from TX HHSC RFA No. HHS0000502, as well as section 6.01 of the Uniform Terms and Conditions, if applicable.**



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Therefore, in order to further the purpose of the Program, a client will be eligible for Program services that can be reimbursed by the Program if:

- The client is pregnant; or
- The client is the biological father of an unborn child; or
- The client is the biological parent of a child that is 36 months old or younger.

In addition, a Client must be a United States citizen, a United States national, or an alien who qualifies under 1 Texas Administrative Code §366.513.

Adoptive Parents

Adoptive Parents are not eligible clients because they do not make a choice to experience childbirth or abort, which is the central purpose of the Program; however, Adoptive Parents become the beneficiaries of a biological mother who chooses childbirth instead of adoption. As a result, Adoptive Parents may receive the Program benefits that a biological parent could have received in lieu of the biological parent for up to 36 months after child placement when the Adoptive Parent(s) are intending to adopt the child and take steps to do so. This benefit is available to an Adoptive Parent no matter the age of the child being adopted.

Program Participants that Are Not Clients or Adoptive Parents

Certain Program Participants are eligible for Program services even if they do not meet the definition of an eligible client. These Program Participants are eligible for Program services either because they were formally a Client but are not anymore because of a loss, or because of their ability to help influence the decision of choosing childbirth instead of abortion. These Program Participants include:

- Clients that have experienced a miscarriage or death of a child 36 months or younger – eligible for Program services for up to 90 days after the loss.
- Clients that have voluntarily terminated their parental rights pursuant to an adoption – eligible for Program services for up to 90 days after the termination.
- Family members of an eligible client – when family members of an active and eligible client attend counseling or educational classes that help improve the pregnancy or parenting situation, services are reimbursable for the family member.

b. 2.5.0: Program Operation Services

The Program only has and will continue to only have four types of reimbursable services. These services are categorized as one of the following:

- **Counseling:** time spent talking to or in discussion with a Client, Adoptive Parent, or Program beneficiary for the purpose of improving the pregnancy or parenting situation.
- **Materials Assistance:** the distribution of tangible goods to a Client or Adoptive Parent for the purpose of improving the pregnancy or parenting situation.



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- **Referrals:** time spent talking to a third party organization for the purpose of improving the pregnancy or parenting situation of a Client or Adoptive Parent.
- **Classes:** one or more Clients, Adoptive Parents, or Program beneficiaries gathered for at least one hour's worth of educational instruction benefiting the parenting or pregnancy situation.

The minimum rates for reimbursement starting on March 1, 2018 will be: \$1.20 per minute for counseling/mentoring time; \$1.20 per minute for referral time; \$24.00 per client per hour of education class; and \$12.00 per visit for materials assistance (capped at 36 visits per pregnancy, including the 36 month post-partum period). TPCN is utilizing the same reimbursement rates as the Fiscal Year 2017 contract, but with a nominal five percent increase in rates. This increase in reimbursement rates is still significantly less than the Bureau of Labor Statistic's calculation of inflationary increases since the Program's inception.

c. 2.5.1: Network of Service Providers

TPCN has extremely high standards for its Provider subcontractors because both TPCN and the Provider subcontractors need to be able to withstand extreme scrutiny from opponents of the Program. As a result, TPCN has a very rigorous and difficult screening process for a new Provider subcontractor to become eligible to participate in the Program. Only a fraction of organizations that apply for participation are able to meet the Program's requirements. Here is a non-exhaustive list of the standards an organization must meet and maintain to qualify as Provider subcontractor.

An organization:

- Is a non-profit, tax-exempt entity registered as an IRS 501(c)3 organization;
- Is governed by a Board of Directors that meets regularly, and maintains minutes of its activities;
- Is insured, with policies protecting it for accidents involving general liability, automobile, and workers' compensation;
- Has been delivering client services for at least one year prior to its application;
- Can demonstrate through client records, its mission statement, or other sources that it promotes childbirth rather than abortion as a response to an unplanned pregnancy;
- Provides information, education, counseling, and mentoring that promotes childbirth;
- Uses advertising (if used at all) that accurately and clearly describes actual services provided;
- Agrees that it does not promote, refer, or provide abortions or abortifacient contraceptives to clients;



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- Provides its Program services to clients free of charge;
- Provides services that are non-coercive and non-judgmental;
- Agrees that it will only utilize pre-approved educational resources with clients;
- Does not disparage parenting in favor of adoption, nor disparage adoption in favor of parenting;
- Agrees that educational information, including medical topics, is accurate, current, and referenced to objectively legitimate sources;
- Agrees to provide copies of the Texas publication *A Woman's Right to Know*, and make appropriate referrals to medical doctors and government assistance programs.
- Agrees that if it provides spiritual counseling, it will only do so when the client consents and only by using a different counselor than the one who delivers Program services to a client, thus keeping the services completely separate;
- Practices policies and procedures that protect client confidentiality;
- Has procedures in place to let clients know how they can express grievances regarding the quality of services they have received;
- Agrees that its staff and volunteers will go through annual state criminal background and child abuse checks, as well as national sex offender background checks; and
- Does not discriminate against any client on the basis of race, color, national origin, sex, age, disability, political beliefs, or religion.

Despite these very strict standards, TPCN currently has under contract 121 locations in all 11 HHSC regions of Texas that would continue to provide Program services under the new contract starting March 1, 2018. TPCN also has applications in house from 14 other potential providers, which could bring at least 20 new locations to the Network, and has dozens of other Providers that are actively working on an application to become a Provider subcontractor. Finally, TPCN is actively encouraging concrete goal setting with its current Provider subcontractors to have them begin to serve more clients, provide new and more services, and begin to serve new areas. All of this expansion of the Network coupled with expanded Program eligibility will utilize 100% of the additional \$20 million that the Texas Legislature has made available for the FY18 and FY19 biennium.

d. 2.5.2: Statewide Counties and Benchmarks



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TPCN is currently reaching the clients in Texas most in need of services. Clients from 212 Texas counties have received Program services in the last 3 years, and residents of those counties accounted for over 99% of all abortions in the state according to the latest data available from DSHS.

Further, the highest percentage of Program clients are ages 20-24, which corresponds to the highest percentage of women by age seeking abortions in Texas. Thus, TPCN has already achieved a network of Providers that are accessible to the clients with the greatest need for pregnancy support.

TPCN brings 12 years of experience in operating a very successful publically funded Alternative to Abortion Program in Texas. One of the important lessons from this experience is that many potential providers across the state do not have the infrastructure in place to meet the very high standards necessary to be a Provider in a publically funded Alternative to Abortion program. Bringing these types of Providers into the Program would jeopardize the overall Program in favor of “direct services in each county”. This is simply not a risk that TPCN is willing to take, especially when the above statistics show that TPCN’s current very high-standard Provider network is providing “sufficient coverage for the potential need,” serving clients from counties where over 99% of abortions in Texas are occurring. TPCN will aggressively continue to expand its network of Program Providers, but it will not do so in a manner that will in any way jeopardize the quality of program services.

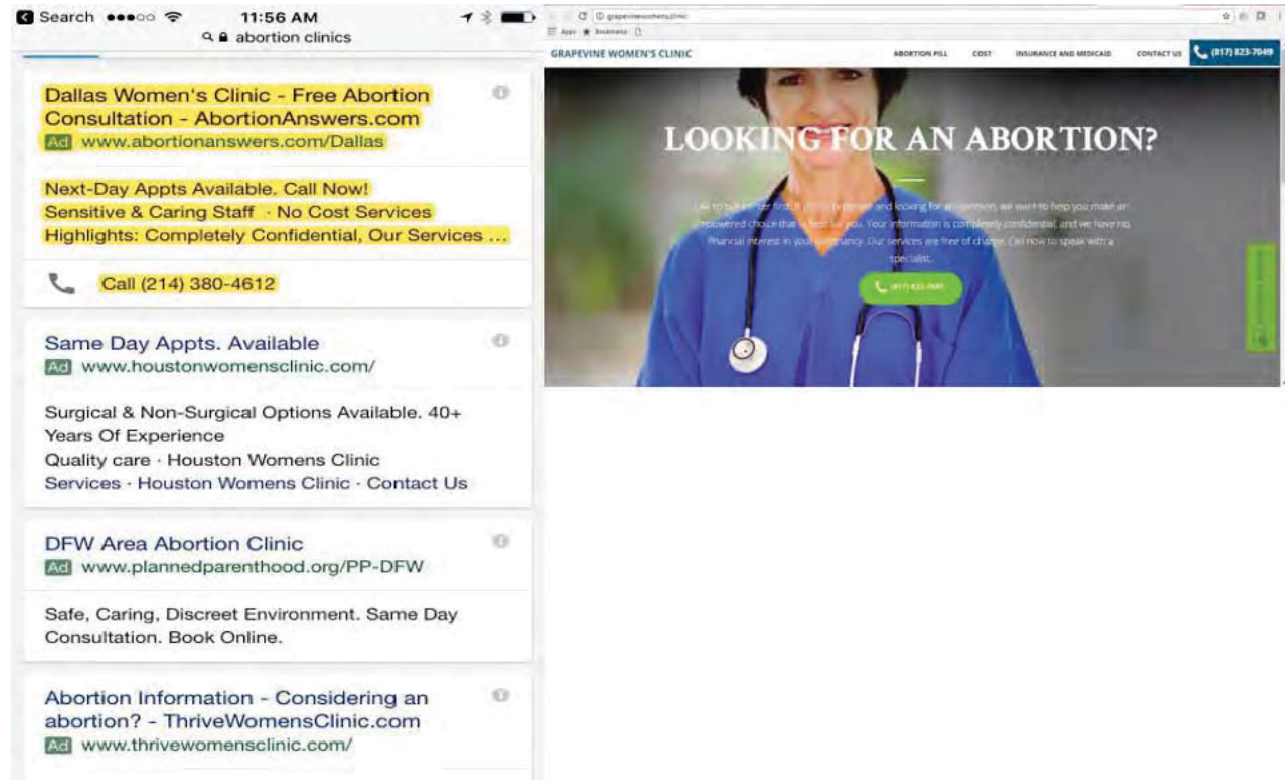
TPCN will provide two examples of how its very high standards and screening processes have eliminated two potential provider subcontractors from consideration. If it were not for TPCN’s very high standards, the Program could have had two additional Providers, but these Providers could have been detrimental to the long-term viability of the Program.

First, TPCN has very high standards when it comes to its Provider’s advertising services to the public. TPCN requires that any advertising or marketing of a Provider accurately describe and depict the services that the organization offers. TPCN does not tolerate any degree of deception or trickery in Provider advertising. In the past year, TPCN has had extensive conversations with a new potential provider in the Dallas area, Human Coalition. Human Coalition very proudly shared its local advertising with TPCN. The advertising consisted of a google ad that would appear to be from an abortion provider when the consumer searched for “abortion clinics”. When the consumer clicked on the ad, it led to a landing page from the Human Coalition Grapevine Clinic that again appeared to be a medical facility that most likely performed abortions:

Human Coalition Google Ad

Human Coalition Landing Page

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TPCN would not proceed with receiving an application from Human Coalition until Human Coalition provided assurances that it would not utilize this type of advertising. After that conversation, Human Coalition declined to submit an application for the A2A Program.

Second, TPCN is adamant that each and every Provider must offer the core service of the Program: promoting childbirth instead of abortion. This service cannot be denied to a client or outsourced to another organization. In the last year, TPCN received an application from a potential provider in San Antonio called Family Endeavors. Family Endeavors submitted an application to TPCN to become a Provider. The application had several deficiencies, but most notably, the organization did not provide evidence that it promoted childbirth instead of abortion. After TPCN asked for its policy of how it would handle a woman that stated she was considering abortion, TPCN received a letter from Family Endeavor's President withdrawing its application and stating "Thus we are not able to meet this requirement for ... 'a policy, practices, counseling approach, and educational resources relating to abortion and abortion minded clients.'" A Provider that is unable to provide a policy demonstrating that it provides this core service is unable to be a Provider for the Texas Alternative to Abortion Services Program.

Both of these examples demonstrate how the wrong Prime Contractor could jeopardize the Program by accepting these applications in order to grow its number of Providers, while seriously jeopardizing the Program as a whole.



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Despite already having a very thorough and complete statewide Alternative to Abortion network of Providers, TPCN is pursuing expansion of services for the Program, but in a very thoughtful and intentional way. This expansion is focused on two distinct targets: 1) Expansion of services utilizing TPCN's existing Provider network, and 2) Expansion of services utilizing new potential providers for the Program.

First, TPCN has a well vetted, experienced group of Providers that are capable of significantly expanding Program services. TPCN is actively encouraging the boards of directors of its existing Provider network to strategically consider how they can: i) serve new clients, ii) provide more support services to clients, and iii) serve new and underserved areas. On January 9, 2018, TPCN had a Provider Summit in Austin in which the leadership teams of over 40 Provider subcontractors attended. The purpose of the Summit was to brainstorm and commit to new goals to i) serve new clients, ii) provide more support services to clients, and iii) serve new and underserved areas. The Summit was a great success, and TPCN is now following up on the Provider subcontractor goals that were set.

To further assist current Provider Program expansion into under-served regions, one strategy TPCN will pursue with HHSC's approval is New Location Development. This strategy is to have an established Provider, in good standing, open a "satellite" location in an under-served region. Program funds are advanced to the Provider to assist with capital and expansion costs. Enforced by contract, the Provider then earns back the advance funds throughout the lifetime of the contract by delivering Program services equivalent to the value of the advanced funds.

Second, TPCN is actively recruiting and screening new Providers to join its statewide network of Providers. In the Spring of 2018, TPCN will host a series of meetings to educate new potential providers about the Program. Based on our experience with these types of meetings, we expect over 40 new potential providers to attend these meetings and dozens more to request information about the Program. TPCN currently has 14 applications from potential providers pending and expects many more in the coming months. All of these applications will be carefully vetted to ensure that the Providers meet the Program's very high standards, but TPCN is confident that it will be significantly expanding its network of Providers in Fiscal Year 2018. Of the many potential providers that are applying to become a Provider, many are located in regions of Texas where more Providers would be beneficial. This includes the Panhandle, far West Texas, and South Texas.

In sum, TPCN's current existing network of 121 Provider locations provides significant reach of the Program into every part of the State. This network has served clients residing in counties where over 99% of the abortions in the state are occurring. The few non-populous counties from which a client has not yet been served will soon be seeing the addition of new Providers nearby to offer more convenient services within the current biennium. This will be accomplished by TPCN in a manner that will always favor quality Providers over a potentially unqualified larger quantity of Providers.



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e. 2.5.3: Provide Orientation and Training

Every new Provider subcontractor that begins to provide services for the Texas Alternative to Abortion Services Program must undergo an extensive in person onsite training session which is usually conducted by TPCN's Program Director or Executive Director at the Provider's primary location. Before they are permitted to participate in the Program, Provider's staff and volunteers are required to undergo initial in-depth Program training in compliance, including training on client eligibility, billing processes, and the Charitable Choice Provisions applicable to TANF. Training is conducted in-person by TPCN at the Provider's location. The training lasts approximately four to six hours, and includes training on referrals to medical professionals and state and local assistance programs.

TPCN is committed to ensuring compliance with federal rules regarding the receipt of TANF funds by faith-based organizations. TPCN's Executive Director and Program Director, both trained lawyers, personally oversee the training of every Provider on TPCN's Charitable Choice Act – Faith-Based Organization Policy. That Policy is as follows:

Per the Charitable Choice Act, Providers may retain their religious character, select board members on a religious basis, and include religious references in their mission statements and other governing documents. However, if an organization conducts religious or spiritual activities, it must do so separately, in time or location, from Program-reimbursable activities. Further, written educational materials that are spiritual in nature must also be separated from secular materials wherever accessible to clients within the Provider's facilities.

In addition, TPCN requires that Providers deliver Program services using a different counselor or mentor than the person who delivers spiritual or religious services to a client. This "separate counselor" requirement is a client-centered policy that is unique to publicly-funded social services programming in Texas. It ensures clients receiving Program services never feel pressured by the person delivering those services to participate in religious activities.

If a client does elect to participate in religious activities, she must sign a consent form expressing she does so freely, and understands that she is still eligible for Program services even if she opts out of religious services at any time. This informed consent must be obtained by the Provider before spiritual services can begin.

Once training is complete, Provider staff must certify that they have undergone required background checks, which must be renewed annually. Other staff certifications, including agreements to follow policies on non-discrimination, confidentiality, and limited English, are also required before any individual is permitted to deliver Program-reimbursable services. Each counselor/educator must be fully trained by their Provider on how to implement their own policies and procedures to ensure that best-in-class services are being provided. TPCN reviews all Provider training materials as a part of each Provider's onboarding. Finally, each counselor/educator must certify that he/she has read the entire 132 page BriteWorks Program Compliance Manual in full prior to billing for any services.

In addition to their initial training, all Providers must also attend annual retraining to review Program requirements and compliance measures, and to receive instruction on new requirements, if any. Additionally, TPCN offers specialized training for the management team of Providers so that they can monitor their billing activities. TPCN also offers specialized training for maternity



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homes, Providers serving adoptive parents, and Providers that regularly conduct classes with more than 10 students in a class. Finally, additional trainings are provided when new leadership emerges at a Provider, or when unusually large negotiations affect a Provider's billings.

TPCN generally relies on Provider subcontractors to train new staff hires, but TPCN does provide tools such as training videos and the Program Compliance Manual to assist with these trainings. If a Provider is expanding and hires multiple persons at once, the Provider may request an additional in-person training from TPCN.

Orientation and training of TPCN subcontracted Providers receives the highest of priorities from TPCN. Twelve years of experience has shown TPCN the importance of conducting extensive upfront and ongoing training. This investment "pays dividends" down the road in terms of less compliance issues going forward. TPCN will continue to hold extensive training sessions for new Providers in the follow on contract, including multiple required re-trainings every fiscal year.

f. 2.5.4: Program Monitoring

TPCN's commitment to administering a statewide program that is accountable to the public is reflected in the resources it invests in its quality control, evaluation, training, and monitoring efforts. More than half of TPCN's staff are dedicated full-time to achieving and maintaining accountability. Additionally, TPCN's licensing of the BriteWorks Pregnancy System brings monitoring into the modern age, leveraging technology to continually monitor Provider activities.

Ongoing monitoring for accountability begins as soon as a new Provider begins services, and occurs on a daily, monthly, and annual basis.

Daily, TPCN manually inspects invoices submitted by counselor/educators through BriteWorks in real time, scrutinizing them for errors, irregularities, or non-compliance. TPCN's full-time Quality Control Manager is dedicated to this task. She will routinely negate non-compliant invoices prior to reimbursement, and contact the submitting counselor/educator for retraining. Every counselor/mentor/educator that provides services to a client must individually submit a detailed invoice to TPCN for reimbursement for services provided to a client on a particular day. Last year TPCN received over 110,000 separate invoices, and personally reviewed over 298,000 signatures from clients, adoptive parents, and counselor/mentors.

Additionally, on a continuous and ongoing basis, Program Compliance Managers and Administrative staff scrutinize every signature submitted by clients and counselors in BriteWorks for billing purposes to ensure that the client was actually present for in-person billed services, that signatures presented are consistent with prior signatures, and that program rules and policies were followed in completing the forms. Forms found to contain errant signatures are marked for negotiation and a deduction of reimbursable amounts.

Monthly, TPCN reviews Provider performance to detect areas of service in need of continuation training. This review is conducted by TPCN's Program Services Manager, and she also provides ongoing Program training as necessary.



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: 1st Choice Pregnancy Resource Center

Clinic Name 1st Choice Pregnancy Resource Center

Clinic Address 602 Main Street, Texarkana, TX 75501

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: A Woman's Haven

Clinic Name __A Woman's Haven_____

Clinic Address 8647 Wurzbach Road, Suite C, San Antonio, TX 78240_____

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: A Woman's Haven

Clinic Name A Woman's Haven - Mobile Pregnancy Clinic

Clinic Address 8647 Wurzbach Road, Suite C, San Antonio, TX 78240

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: A Woman's Heart A Child's Life Pregnancy Resource Center

Clinic Name Raffa Clinic

Clinic Address 2612 Jordan Street, Greenville, TX 75401

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: A Woman's Heart A Child's Life Pregnancy Resource Center

Clinic Name Raffa Clinic - Quinlan

Clinic Address 401 Panther Path, Quinlan, TX 75474

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Agape Pregnancy Help Center

Clinic Name Life Choices Medical Clinic

Clinic Address 3234 Northwestern, San Antonio, TX 78238

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: AITSCM - Healing A Wounded Spirit

Clinic Name AITSCM - Healing A Wounded Spirit

Clinic Address 1313 Guadalupe Street, San Antonio, TX 78207

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: AITSCM - Healing A Wounded Spirit

Clinic Name AITSCM - San Antonio Fatherhood Campaign

Clinic Address 3014 Rivas Street, San Antonio, TX 78228

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Annunciation Maternity Home

Clinic Name __Annunciation Maternity Home__

Clinic Address 3610 Shell Road, Georgetown, TX 78628

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: APM Outreach

Clinic Name __Anchor Point - League City__

Clinic Address 3610 Shell Road, League City, TX 77573__

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: APM Outreach

Clinic Name __Anchor Point - Seabrook__

Clinic Address 1905 Capri Lane, Seabrook, TX 77586

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Arlington Pregnancy Centers, Inc.

Clinic Name Mobile Pregnancy Clinic

Clinic Address 405 W. 1st Street, Arlington, TX 76010

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Arlington Pregnancy Centers, Inc.

Clinic Name Metroplex Women's Clinic - Mansfield

Clinic Address 1024 E. Broad Street, Mansfield, TX 76063

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Arlington Pregnancy Centers, Inc.

Clinic Name Metroplex Women's Clinic - North

Clinic Address 2810 NW Green Oaks Boulevard, Arlington, TX 76012

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Arlington Pregnancy Centers, Inc.

Clinic Name Metroplex Women's Clinic - Southeast

Clinic Address 5150 S. Collins Street, Arlington, TX 76018

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Arlington Pregnancy Centers, Inc.

Clinic Name Metroplex Women's Clinic - Southwest

Clinic Address 5904 I-20 West, Arlington, TX 76017

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Austin Life Care

Clinic Name Austin Life Care

Clinic Address 1215 W. Anderson Lane, Austin, TX 78757

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Bridges Safe House Inc.

Clinic Name Bridges Safe House Inc. - Main

Clinic Address Undisclosed Address, Cedar Hill, TX

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Bridges Safe House Inc.

Clinic Name Bridges Safe House Inc. - Thrifty Boutique

Clinic Address 220 W Beltline Road, Cedar Hill, TX 75104

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Care Net of Central Texas

Clinic Name__Care Net Pregnancy Support Center and Guesthouse_____

Clinic Address 800 Waco Drive, Waco, TX 76701_____

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Care Net of Central Texas

Clinic Name Care Net of Central Texas Medical Services

Clinic Address 1818 Columbus Avenue, Waco, TX 76701

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Care Net Pregnancy Resource Center of Dumas

Clinic Name Care Net Pregnancy Resource Center of Dumas

Clinic Address 1315 Zauk Avenue, Dumas, TX 79029

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Catholic Charities Archdiocese of San Antonio

Clinic Name Catholic Counseling and Consultation Center

Clinic Address 231 W. Commerce Street, San Antonio, TX 78207

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Catholic Charities Archdiocese of San Antonio

Clinic Name __Guadalupe Home_____

Clinic Address 2102 Buena Vista, San Antonio, TX 78207_____

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Catholic Charities Archdiocese of San Antonio

Clinic Name__Pregnancy and New Parent Support Services_____

Clinic Address 110 Bandera Road, San Antonio, TX 78228_____

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Catholic Charities of Central Texas

Clinic Name Catholic Charities of Central Texas - Counseling Services

Clinic Address 1625 Rutherford Lane, Building B, Austin, TX 78754

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Catholic Charities of Central Texas

Clinic Name __Gabriel Project Life Center - Austin__

Clinic Address 1625 Rutherford Lane, Building A, Austin, TX 78754

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Catholic Charities of Central Texas

Clinic Name__Gabriel Project Life Center - Brazos Valley_____

Clinic Address 1410 Cavitt Avenue, Bryan, TX 77801_____

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Catholic Charities of Dallas

Clinic Name Catholic Charities of Dallas - Main

Clinic Address 1421 W. Mockingbird, Dallas, TX 75247

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Catholic Charities of the Archdiocese of Galveston-Houston

Clinic Name Catholic Charities of the Archdiocese of Galveston-Houston - Central Office

Clinic Address 2900 Louisiana Street, Houston, TX 77006

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Catholic Charities of the Archdiocese of Galveston-Houston

Clinic Name Catholic Charities of the Archdiocese of Galveston-Houston - Mamie George Community Center

Clinic Address 1111 Collins Road, Richmond, TX 77469

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Catholic Charities of the Archdiocese of Galveston-Houston

Clinic Name Catholic Charities of the Archdiocese of Galveston-Houston - Moran Health Center

Clinic Address 2615 Fannin Street, Houston, TX 77002

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Catholic Charities of the Rio Grande Valley

Clinic Name Catholic Charities of the Rio Grande Valley - Brownsville Office

Clinic Address 955 W. Price Road, Brownsville, TX 78520

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Catholic Charities of the Rio Grande Valley

Clinic Name Catholic Charities of the Rio Grande Valley - San Juan Office

Clinic Address 700 N. Virgen de San Juan, San Juan, TX 78589

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Catholic Crisis Pregnancy Center

Clinic Name Birth Choice

Clinic Address 8610 Greenville Avenue, Dallas, TX 75243

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Central Texas Life Care

Clinic Name Central Texas Life Care - Main

Clinic Address 115 Warden Lane, San Marcos, TX78666

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Central Texas Life Care

Clinic Name Central Texas Life Care - Ranch

Clinic Address Undisclosed Address, San Marcos, TX

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Children and Family Institute

Clinic Name Children and Family Institute - Dallas

Clinic Address 5787 South Hampton, Dallas, TX 75232

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Children and Family Institute

Clinic Name Children and Family Institute - Fort Worth

Clinic Address 4200 South Freeway, Fort Worth, TX 76115

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Children's Connection Inc.

Clinic Name Children's Connection Inc. - Abilene

Clinic Address 3478 Catclaw Drive #220, Abilene, TX 79606

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Children's Connection Inc.

Clinic Name__Children's Connection Inc. - Amarillo_____

Clinic Address 3440 Bell Street, Suite 320, PMB 113, Amarillo, TX 79109_____

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Children's Connection Inc.

Clinic Name Children's Connection Inc. - Austin

Clinic Address 7301 Burnet Road, Suite 102 #230, Austin, TX 78757

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Children's Connection Inc.

Clinic Name Children's Connection Inc. - Beaumont

Clinic Address 148 South Dowlen, PMB 31, Beaumont, TX 77707

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Children's Connection Inc.

Clinic Name__Children's Connection Inc. - Bryan_____

Clinic Address 801 Dellwood Street, Suite 100, PMB 305, Bryan, TX 77802_____

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Children's Connection Inc.

Clinic Name Children's Connection Inc. - Corpus Christi

Clinic Address 2732 S.P.I.D #144, Corpus Christi, TX 78415

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Children's Connection Inc.

Clinic Name Children's Connection Inc. - Dallas

Clinic Address 5600 W. Lovers Lane, Suite 116-157, Dallas, TX 75209

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Children's Connection Inc.

Clinic Name Children's Connection Inc. - Eagle Pass

Clinic Address 476 South Bibb, Suite C #532, Eagle Pass, TX 78852

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Children's Connection Inc.

Clinic Name Children's Connection Inc. - Edinburg

Clinic Address 2112 W. University, Edinburg, TX 78539

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Children's Connection Inc.

Clinic Name Children's Connection Inc. - El Paso

Clinic Address 105 East San Antonio Street, El Paso, TX 79901

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Children's Connection Inc.

Clinic Name Children's Connection Inc. - Ft. Worth

Clinic Address 209 West 2nd Street #326, Fort Worth, TX 76102

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Children's Connection Inc.

Clinic Name Children's Connection Inc. - Gainesville

Clinic Address 1014 E. Hwy. 82, PMB 223, Gainesville, TX 76240

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Children's Connection Inc.

Clinic Name Children's Connection Inc. - Houston

Clinic Address 3262 Westheimer Road #358, Houston, TX 77098

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Children's Connection Inc.

Clinic Name Children's Connection Inc. - Killeen

Clinic Address 2511 Trimmier Road, Suite 140, PMB 270, Killeen, TX 76542

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Children's Connection Inc.

Clinic Name Children's Connection Inc. - Laredo

Clinic Address 7305 San Dario Avenue, Suite G #403, Laredo, TX 78045

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Children's Connection Inc.

Clinic Name__Children's Connection Inc. - Lubbock_____

Clinic Address 2514 82nd Street, Suite G, Lubbock, TX 79423_____

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Children's Connection Inc.

Clinic Name Children's Connection Inc. - Lufkin

Clinic Address 3009 S. John Redditt Drive, Suite E #236, Lufkin, TX 75904

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Children's Connection Inc.

Clinic Name Children's Connection Inc. - Midland

Clinic Address 3001 W. Loop 250 N., Suite c-150 #374, Midland, TX 79705

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Children's Connection Inc.

Clinic Name Children's Connection Inc. - San Angelo

Clinic Address 3524 Knickerbocker Road, Suite C #200, San Angelo, TX 76904

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Children's Connection Inc.

Clinic Name Children's Connection Inc. - San Antonio

Clinic Address 4007 McCullough Avenue #242, San Antonio, TX 78212

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Children's Connection Inc.

Clinic Name Children's Connection Inc. - San Marcos

Clinic Address 415 N Guadalupe Street, San Marcos, TX 78666

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM

CLINIC SITE READINESS CHECKLIST

Legal Business Name: Children's Connection Inc.

Clinic Name__Children's Connection Inc. - Texarkana_____

Clinic Address 2509 Richmond Road, Suite 303, Texarkana, TX 75503_____

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Children's Connection Inc.

Clinic Name__Children's Connection Inc. - Tyler_____

Clinic Address 1910 East SouthEast Loop 323, PMB 178, Tyler, TX 75701_____

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Children's Connection Inc.

Clinic Name Children's Connection Inc. - Victoria

Clinic Address 8806 N. Navarro, Suite 600-166, Victoria, TX 77904

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Children's Connection Inc.

Clinic Name__Children's Connection Inc. - Waco_____

Clinic Address 4300 West Waco Drive, Suite B2 #138, Waco, TX 76710_____

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Children's Connection Inc.

Clinic Name Children's Connection Inc. - Wichita Falls

Clinic Address 4624 Karla Street, Wichita Falls, TX 76310

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: ChristianWorks

Clinic Name ChristianWorks

Clinic Address 5440 Harvest Hill Road, Suite 140, Dallas, TX 75230

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: ChristianWorks

Clinic Name ChristianWorks - Ft. Worth

Clinic Address 2214 Hemphill Street, Fort Worth, TX, 76110

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Community Family Centers

Clinic Name Community Family Centers

Clinic Address 7524 Avenue E, Houston, TX 77012

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Corpus Christi Hope House

Clinic Name Corpus Christi Hope House

Clinic Address 658 Robinson Street, Corpus Christi, TX 78404

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Eastland County Open Door

Clinic Name The Open Door Pregnancy Center - Breckenridge

Clinic Address 110 N. Live Oak, Breckenridge, TX 76424

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Eastland County Open Door

Clinic Name The Open Door Pregnancy Center - Cisco

Clinic Address 1906 Hwy 206, Cisco, TX 76437

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Expectant Heart Pregnancy Resource Center

Clinic Name Expectant Heart Pregnancy Resource Center

Clinic Address 3 Rockwall Drive, Longview, TX 75604

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Family Care Connection

Clinic Name Family Care Connection - Main Office

Clinic Address 6969 Pastor Bailey Drive, Suite 104, Dallas, TX 75237

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Family Care Connection

Clinic Name Family Care Connection - South Dallas

Clinic Address Undisclosed Address, Dallas, TX

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Family Care Connection

Clinic Name Family Care Connection - West Dallas

Clinic Address 2828 Fish Trap Road, Dallas, TX 75212

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Family Promise of Lubbock

Clinic Name Family Promise of Lubbock - Hope House

Clinic Address 1511 Ave M, Lubbock, TX 79401

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Family Promise of Lubbock

Clinic Name Family Promise of Lubbock - Promise House

Clinic Address Undisclosed Address, Lubbock, TX

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Family Promise of Lubbock

Clinic Name Family Promise of Lubbock - Samaritan House

Clinic Address 1319 15th Street, Lubbock, TX 79401

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Fifth Ward Pregnancy Help Center

Clinic Name__Houston Pregnancy Help Center - Downtown_____

Clinic Address 3636 San Jacinto Street, Houston, TX 77004_____

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Fifth Ward Pregnancy Help Center

Clinic Name__Houston Pregnancy Help Center - Fifth Ward_____

Clinic Address 743 Shotwell Street, Houston, TX 77020_____

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Fifth Ward Pregnancy Help Center

Clinic Name__Houston Pregnancy Help Center - Mobile Medical Van_____

Clinic Address 3636 San Jacinto Street, Houston, TX 77004_____

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Foundation for Life

Clinic Name Foundation for Life

Clinic Address 10900 Northwest Freeway, Houston, TX 77092

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Gladney Center for Adoption

Clinic Name Gladney Center for Adoption

Clinic Address 6300 John Ryan Drive, Fort Worth, TX 76132

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Hope Cottage

Clinic Name Hope Cottage - Dallas

Clinic Address 609 Texas Street, Dallas, TX 75204

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Hope Cottage

Clinic Name__Hope Cottage - El Paso_____

Clinic Address 1204 Montana Avenue, El Paso, TX 79902_____

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Hope Cottage

Clinic Name Hope Cottage - Tyler

Clinic Address 120 West 5th Street, Tyler, TX 75701

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Hope Mansion

Clinic Name__Hope Mansion - Main_____

Clinic Address 1595 Mt. Lebanon Road, Cedar Hill, TX 75104_____

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Involved for Life

Clinic Name Involved for Life - Downtown Pregnancy Center

Clinic Address 525 N. Ervay Street, Dallas, TX 75210

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Involved for Life

Clinic Name Involved for Life - Uptown Women's Center

Clinic Address 2600 Hibernia Street, Dallas, TX 75204

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Living Alternatives of Jacksonville

Clinic Name Living Alternatives of Jacksonville

Clinic Address 805 S. Jackson Street, Jacksonville, TX 75766

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Living Alternatives of Palestine

Clinic Name Living Alternatives of Palestine

Clinic Address 4002 S Loop 256, Palestine, TX 75801

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Living Alternatives of Palestine

Clinic Name Living Alternatives of Palestine - Crockett

Clinic Address 603 East Goliad Avenue, Crockett, TX 75835

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Loreto House

Clinic Name Loreto House - Main

Clinic Address 1100 North Bonnie Brae Street, Denton, TX 76201

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Low Birth Weight Development Center

Clinic Name Low Birth Weight Development Center

Clinic Address 345 Calumet Avenue, Dallas, TX 75211

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Mother and Unborn Childcare of Lufkin, Inc.

Clinic Name Pregnancy Help Center of Lufkin

Clinic Address 401 Gaslight Boulevard, Lufkin, TX 75904

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Our Lady of the Angels Maternity Shelter

Clinic Name Our Lady of the Angels Maternity Shelter

Clinic Address 613 S. 9th Street, Temple, TX 76504

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Paris Pregnancy Care Center

Clinic Name__Paris Pregnancy Care Center_____

Clinic Address 500 East Houston Street, Paris, TX 75460_____

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Paris Pregnancy Care Center

Clinic Name__Paris Pregnancy Care Center of Red River County_____

Clinic Address 1210 W. Main Street, Clarksville, TX 75426_____

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Permian Basin Women's Resource Center

Clinic Name The Life Center - Andrews

Clinic Address 1412 NE Mustang Drive, Andrews, TX 79714

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Permian Basin Women's Resource Center

Clinic Name The Life Center - Big Spring

Clinic Address 1801 S. Main Street, Big Spring, TX 79720

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Permian Basin Women's Resource Center

Clinic Name The Life Center - Midland

Clinic Address 2101 West Wall Street, Midland, TX 79701

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Permian Basin Women's Resource Center

Clinic Name The Life Center - Odessa

Clinic Address 802 N. Washington Street, Odessa, TX 79761

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Pregnancy Care Center of Southeast Texas

Clinic Name Care Center - Huntsville

Clinic Address 1215 15th Street, Huntsville, TX 77340

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Pregnancy Care Center of Southeast Texas

Clinic Name Grace Pregnancy Outreach

Clinic Address 1300 N Washington Avenue, Livingston, TX 77351

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Pregnancy Help Center of Williamson County

Clinic Name Pregnancy Help Center of Williamson County

Clinic Address 508 FM 1460, Georgetown, TX 78626

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Pregnancy Resources of Abilene

Clinic Name Pregnancy Resources of Abilene

Clinic Address 2110 N. Willis Street, Abilene, TX 79603

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: San Antonio Birth Doulas

Clinic Name San Antonio Birth Doulas

Clinic Address Wonderland of the Americas, 4522 Fredericksburg Road, Space A-47, San Antonio, TX 78201

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Seton Home

Clinic Name Seton Home

Clinic Address 1115 Mission Road, San Antonio, TX 78210

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: St. John Paul II Life Center

Clinic Name St. John Paul II Life Center

Clinic Address 1600 W. 38th Street, Austin, TX 78731

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: St. Jude's Ranch for Children

Clinic Name SJRC Texas - Bulverde

Clinic Address 1400 Ridge Creek Lane, Bulverde, TX 78613

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: St. Jude's Ranch for Children

Clinic Name SJRC Texas - New Braunfels

Clinic Address 652 Old Bear Creek, New Braunfels, TX 78132

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: St. Jude's Ranch for Children

Clinic Name SJRC Texas - San Antonio

Clinic Address 8918 Tesoro Drive, San Antonio, TX 78217

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: St. Paul Lutheran Child Development Center

Clinic Name St. Paul Lutheran Child Development Center C.A.R.E Program

Clinic Address 2302 S Presa, San Antonio, TX 78210

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: St. Peter – St Joseph Children’s Home

Clinic Name St PJ’s Children’s Home

Clinic Address 919 Mission Road, San Antonio, TX 78210

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients’ needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: The Source for Women

Clinic Name__The Source for Women - Galleria_____

Clinic Address 6009 Richmond Avenue, Houston, TX 77057_____

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: The Source for Women

Clinic Name__The Source for Women - Northeast_____

Clinic Address 3625 Gager Street, Houston, TX 77093_____

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: The Source for Women

Clinic Name__The Source for Women - Spring Branch_____

Clinic Address 8312 Long Point Road, Houston, TX 77055_____

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: The Way, The Truth, The Life Outreach

Clinic Name__Waller Pregnancy Care Center_____

Clinic Address 1225 Farr Street, Waller, TX 77484_____

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: Whitby Road Alliance Inc.

Clinic Name__Providence Place_____

Clinic Address 6487 Whitby Road, San Antonio, TX 78240_____

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITE READINESS CHECKLIST

Legal Business Name: WRC Pregnancy Center of Ellis County

Clinic Name First Look

Clinic Address 1204 Ferris Avenue, Waxahachie, TX 75165

Complete one form for every clinic site that will provide A2A program Services funded through this RFA
Please complete the form by marking yes for no for each of the items listed below:

	Yes	No
Is there appropriate signage to identify funded entity?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there adequate space for clinical and administrative staff?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the required HHSC healthcare services information available on-site?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there locked storage to protect confidential medical records, medications, and medical supplies?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site in compliance with accessibility guidelines for persons with disabilities?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is the clinic site geographically close to the target population?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are the clinic site appointment hours convenient enough to meet the clients' needs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have clean exam rooms where services are delivered?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Client intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have adequate space for Clients to wait for their appointments?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is there appropriate resources for and use of interpreter services and language translation?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the clinic site have financial management systems that include secure data storage?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Are there appropriate emergency policies, procedures, and supplies, as applicable?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If any of the above requirements are not currently in place, can they be in place by the contract award date?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

If you marked No for any of the above please explain:



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: 1st Choice Pregnancy Resource Center

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: 1st Choice Pregnancy Resource Center	
Street Address: 602 Main Street	Suite:
City: Texarkana County: Bowie Zip Code: 75501 HSR: 4	
Clinic APPOINTMENT Phone #: 903-792-5735	
Clinic PRIMARY Phone #: 903-792-5735	Fax:
Service Area <i>(counties to be served by this clinic site):</i> Bowie, Cass, Harris, Harrison, Hunt, Marion, McLennon, Morris, Navarro, Red River, and Williamson	
Contact Person: Kristie Wright	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	Closed					
TUESDAY	10:00					7:00
WEDNESDAY	10:00			4:00		
THURSDAY	10:00					7:00
FRIDAY	10:00			4:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: A Woman's Haven

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: A Woman's Haven	
Street Address: 8647 Wurzbach Road	Suite: C
City: San Antonio	County: Bexar Zip Code: 78240 HSR: 8
Clinic APPOINTMENT Phone #: 210-224-2902	
Clinic PRIMARY Phone #: 210-224-2902 Fax:	
Service Area (counties to be served by this clinic site):	Atascosa, Bandera, Bee, Bell, Bexar, Cameron, Comal, Crockett, El Paso, Frio, Galveston, Guadalupe, Harris, Hidalgo, Kendall, Kerr, Kinney, Martin, Maverick, Medina, Travis, Webb, and Wilson
Contact Person: Susan Perez	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9:00			5:00		
TUESDAY	9:00			5:00		
WEDNESDAY	9:00			5:00		
THURSDAY	9:00			5:00		
FRIDAY	9:00			5:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: A Woman's Haven

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: A Woman's Haven - Mobile Pregnancy Clinic			
Street Address: 8647 Wurzbach Road		Suite: C	
City: San Antonio	County: Bexar	Zip Code: 78240	HSR: 8
Clinic APPOINTMENT Phone #: 210-224-2902			
Clinic PRIMARY Phone #: 210-224-2902		Fax:	
Service Area (counties to be served by this clinic site):	Bandera , Bee, Bexar, Caldwell, Cameron, Comal, Dimmit, Ector, Frio, Guadalupe, Harris, Jim Wells, Kleberg, Llano, Medina, Nueces, San Patricio, Travis, Williamson, and Wilson		
Contact Person: Susan Perez			
Provider Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9:00			5:00		
TUESDAY	9:00			5:00		
WEDNESDAY	9:00			5:00		
THURSDAY	9:00			5:00		
FRIDAY	9:00			5:00		
SATURDAY	9:00			1:00		
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: A Woman's Heart A Child's Life Pregnancy Resource Center

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Raffa Clinic	
Street Address: 2612 Jordan Street	Suite:
City: Greenville County: Hunt Zip Code: 75401 HSR: 3	
Clinic APPOINTMENT Phone #: 903-454-9711	
Clinic PRIMARY Phone #: 903-454-9711 Fax:	
Service Area (counties to be served by this clinic site):	Bowie, Camp, Cass, Collin, Dallas, Delta, Ellis, Fannin, Franklin, Gregg, Harrison, Hopkins, Hunt, Kaufman, Lamar, Marion, Navarro, Rains, Rockwall, Smith, Titus, Van Zandt, and Wood
Contact Person: Threesa Sadler	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9:00			5:00		
TUESDAY	9:00			5:00		
WEDNESDAY	9:00			5:00		
THURSDAY	9:00			5:00		
FRIDAY	Closed					
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: A Woman's Heart A Child's Life Pregnancy Resource Center

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Raffa Clinic - Quinlan			
Street Address: 401 Panther Path			Suite:
City: Quinlan	County: Hunt	Zip Code: 75474	HSR: 3
Clinic APPOINTMENT Phone #: 903-454-9711			
Clinic PRIMARY Phone #: 903-454-9711			Fax:
Service Area <i>(counties to be served by this clinic site):</i> Collin, Dallas, Denton, Fannin, Hopkins, Hunt, Kaufman, Rains, Rockwall, and Van Zandt			
Contact Person: Threesa Sadler			
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9:00			5:00		
TUESDAY	Closed					
WEDNESDAY	9:00			1:00		
THURSDAY	Closed					
FRIDAY	Closed					
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Agape Pregnancy Help Center

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Life Choices Medical Clinic	
Street Address: 3234 Northwestern	Suite:
City: San Antonio	County: Bexar Zip Code: 78238 HSR: 8
Clinic APPOINTMENT Phone #: 210-543-7200	
Clinic PRIMARY Phone #: 210-543-7200 Fax:	
Service Area (counties to be served by this clinic site):	Atascosa, Bandera, Bexar, Comal, Ellis, Frio, Gillespie, Gonzales, Guadalupe, Harris, Hays, Karnes, Kendall, Kerr, La Salle, Maverick, Medina, Midland, Montgomery, Travis, Uvalde, Webb, and Wilson
Contact Person: Charity Farrar	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	10:00					6:00
TUESDAY	10:00					6:00
WEDNESDAY	10:00					6:00
THURSDAY			12:00			8:00
FRIDAY	10:00			2:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: AITSCM - Healing A Wounded Spirit

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: AITSCM - Healing A Wounded Spirit			
Street Address: 1313 Guadalupe Street		Suite: 104	
City: San Antonio	County: Bexar	Zip Code: 78207	HSR: 8
Clinic APPOINTMENT Phone #: 210-227-4940			
Clinic PRIMARY Phone #: 210-227-4940		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Bexar			
Contact Person: Ramon Vasquez			
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9:00					6:00
TUESDAY	9:00					6:00
WEDNESDAY	9:00					6:00
THURSDAY	9:00					6:00
FRIDAY	9:00					6:00
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: AITSCM - San Antonio Fatherhood Campaign

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: AITSCM - San Antonio Fatherhood Campaign	
Street Address: 3014 Rivas Street	Suite: 20
City: San Antonio	County: Bexar Zip Code: 78228 HSR: 8
Clinic APPOINTMENT Phone #: 210-227-4940	
Clinic PRIMARY Phone #: 210-227-4940 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Bexar, Comal, Guadalupe, Hidalgo, Karnes, and Wilson	
Contact Person: Ramon Vasquez	
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:00			5:00		
TUESDAY	8:00			5:00		
WEDNESDAY	8:00			5:00		
THURSDAY	8:00			5:00		
FRIDAY	8:00			5:00		
SATURDAY		By	Appt.	Only		
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Annunciation Maternity Home

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Annunciation Maternity Home	
Street Address:	3610 Shell Road Suite:
City: Georgetown	County: Williamson Zip Code: 78628 HSR: 7
Clinic APPOINTMENT Phone #:	512-864-7755
Clinic PRIMARY Phone #:	512-864-7755 Fax:
Service Area (counties to be served by this clinic site):	Bastrop, Bell, Bexar, Bosque, Brazoria, Brazos, Burnet, Caldwell, Collin, Comal, Coryell, Dallas, De Witt, Denton, Fayette, Fort Bend, Galveston, Grayson, Gregg, Guadalupe, Harris, Hays, Henderson, Hidalgo, Jack, Johnson, Kaufman, Kerr, Lampasas, Leon, Llano, Lubbock, Madison, McLennan, Midland, Montgomery, Polk, Robertson, Smith, Tarrant, Taylor, Tom Green, Travis, Victoria, Ward, Williamson, and Yoakum
Contact Person:	Christie Aaronson
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:00			5:00		
TUESDAY	8:00			5:00		
WEDNESDAY	8:00			5:00		
THURSDAY	8:00			5:00		
FRIDAY	8:00			5:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: APM Outreach

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Anchor Point - League City			
Street Address: 103 Davis Road #B		Suite:	
City: League City	County: Galveston	Zip Code: 77573	HSR: 6
Clinic APPOINTMENT Phone #: 832-632-1221			
Clinic PRIMARY Phone #: 832-632-1221		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Brazoria, Chambers, Fort Bend, Galveston, Harris, Hidalgo, Liberty, Matagorda, Montgomery, and Polk			
Contact Person: Debbie Simmons			
Provider Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Site:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	10:00			4:00		
TUESDAY	10:00			4:00		
WEDNESDAY	10:00					6:00
THURSDAY	10:00			4:00		
FRIDAY		By	Appt.	Only		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: APM Outreach

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Anchor Point - Seabrook	
Street Address: 1905 Capri Lane	Suite:
City: Seabrook County: Harris Zip Code: 77586 HSR: 6	
Clinic APPOINTMENT Phone #: 832-632-1221	
Clinic PRIMARY Phone #: 832-632-1221	Fax:
Service Area <i>(counties to be served by this clinic site):</i> Brazoria, Galveston, and Harris	
Contact Person: Debbie Simmons	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	10:00			4:00		
TUESDAY	10:00			4:00		
WEDNESDAY	10:00					6:00
THURSDAY	10:00			4:00		
FRIDAY	10:00			4:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Arlington Pregnancy Centers, Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Mobile Pregnancy Clinic	
Street Address: 405 W. 1st Street	Suite:
City: Arlington	County: Tarrant Zip Code: 76010 HSR: 3
Clinic APPOINTMENT Phone #: 817-299-9599	
Clinic PRIMARY Phone #: 817-299-9599 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Dallas, Johnson, Parmer, and Tarrant	
Contact Person: Becky Hyde	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	11:30			3:30		
TUESDAY	Closed					
WEDNESDAY	10:00			2:00		
THURSDAY	Closed					
FRIDAY	Closed					
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Arlington Pregnancy Centers, Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Metroplex Women's Clinic - Mansfield	
Street Address: 1024 E. Broad Street	Suite:
City: Mansfield	County: Tarrant Zip Code: 76063 HSR: 3
Clinic APPOINTMENT Phone #: 817-453-5551	
Clinic PRIMARY Phone #: 817-453-5551 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Dallas, Denton, Ellis, Hamilton, Harris, Hays, Hill, Jefferson, Johnson, Parker, Tarrant, and Van Zandt	
Contact Person: Becky Hyde	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY			1:00	5:00		
TUESDAY	9:00					8:00
WEDNESDAY	9:00			4:30		
THURSDAY	Closed					
FRIDAY	Closed					
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Arlington Pregnancy Centers, Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Metroplex Women's Clinic - North	
Street Address: 2810 NW Green Oaks Boulevard	Suite:
City: Arlington County: Tarrant Zip Code: 76012 HSR: 3	
Clinic APPOINTMENT Phone #: 817-299-9599	
Clinic PRIMARY Phone #: 817-299-9599	Fax:
Service Area <i>(counties to be served by this clinic site):</i> Collin, Dallas, Denton, El Paso, Ellis, Hunt, Johnson, Lubbock, Navarro, Parker, Tarrant, Titus, and Wise	
Contact Person: Becky Hyde	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9:00					8:00
TUESDAY	9:00					8:00
WEDNESDAY	9:00			4:30		
THURSDAY	9:00			4:30		
FRIDAY	Closed					
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Arlington Pregnancy Centers, Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Metroplex Women's Clinic - Southeast	
Street Address: 5150 S. Collins Street	Suite:
City: Arlington	County: Tarrant Zip Code: 76018 HSR: 3
Clinic APPOINTMENT Phone #: 817-557-9111	
Clinic PRIMARY Phone #: 817-557-9111 Fax:	
Service Area (counties to be served by this clinic site):	Bowie, Collin, Dallas, Denton, Ector, El Paso, Ellis, Erath, Harrison, Hidalgo, Johnson, Kaufman, Lubbock, Palo Pinto, Parker, Smith, Starr, Tarrant, Travis, and Ward
Contact Person: Becky Hyde	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9:00			4:30		
TUESDAY	9:00			4:30		
WEDNESDAY	9:00					8:00
THURSDAY	9:00					8:00
FRIDAY	Closed					
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Arlington Pregnancy Centers, Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Metroplex Women's Clinic - Southwest	
Street Address: 5904 I-20 West	Suite:
City: Arlington	County: Tarrant Zip Code: 76017 HSR: 3
Clinic APPOINTMENT Phone #: 817-563-6999	
Clinic PRIMARY Phone #: 817-563-6999 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Bexar, Dallas, Denton, Ellis, Galveston, Harris, Johnson, Kaufman, Lubbock, and Tarrant	
Contact Person: Becky Hyde	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9:00					8:00
TUESDAY	9:00					8:00
WEDNESDAY	9:00			4:30		
THURSDAY	9:00			4:30		
FRIDAY	Closed					
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Austin Life Care

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Austin Life Care	
Street Address: 1215 W. Anderson Lane	Suite:
City: Austin	County: Travis Zip Code: 78757 HSR: 7
Clinic APPOINTMENT Phone #: 512-374-0055	
Clinic PRIMARY Phone #: 512-374-0055 Fax:	
Service Area (counties to be served by this clinic site):	Bastrop, Bell, Bexar, Blanco, Brazos, Burleson, Caldwell, Comal, Dallas, Ector, Falls, Fort Bend, Gregg, Grimes, Harris, Hays, Hidalgo, Lampasas, Lee, Llano, McLennan, Montgomery, Tom Green, Travis, and Williamson
Contact Person: Andy Schoonover	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9:00					8:00
TUESDAY	9:00					5:30
WEDNESDAY			12:00			5:30
THURSDAY	9:00					8:00
FRIDAY	Closed					
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Bridges Safe House Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Bridges Safe House Inc. - Main			
Street Address: Undisclosed Address			Suite:
City: Cedar Hill	County: Dallas	Zip Code:	HSR: 3
Clinic APPOINTMENT Phone #: 469-272-4441			
Clinic PRIMARY Phone #: 469-272-4441		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Dallas, Denton, Ellis, Johnson, and Tarrant			
Contact Person: Nicole Hernandez			
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Bridges Safe House Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Bridges Safe House Inc. - Thrifty Boutique	
Street Address: 220 W Beltline Road	Suite:
City: Cedar Hill County: Dallas Zip Code: 75104 HSR: 3	
Clinic APPOINTMENT Phone #: 469-272-4441	
Clinic PRIMARY Phone #: 469-272-4441	Fax:
Service Area <i>(counties to be served by this clinic site):</i> Tarrant	
Contact Person:	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Care Net of Central Texas

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Care Net Pregnancy Support Center and Guesthouse	
Street Address: 800 Waco Drive	Suite:
City: Waco	County: McLennan Zip Code: 76701 HSR: 7
Clinic APPOINTMENT Phone #: 254-772-8270	
Clinic PRIMARY Phone #: 254-772-8270 Fax:	
Service Area (counties to be served by this clinic site):	Bastrop, Bell, Bosque, Burnet, Callahan, Collin, Coryell, Dallas, Denton, Falls, Freestone, Hamilton, Harris, Hill, Leon, Limestone, McLennan, Milam, Robertson, Tarrant, Taylor, and Travis
Contact Person: Deborah McGregor	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:00			5:00		
TUESDAY	8:00			5:00		
WEDNESDAY	8:00			5:00		
THURSDAY	8:00			5:00		
FRIDAY	8:00			5:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Care Net of Central Texas

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Care Net of Central Texas Medical Services	
Street Address: 1818 Columbus Avenue	Suite:
City: Waco	County: McLennan Zip Code: 76701 HSR: 7
Clinic APPOINTMENT Phone #: 254-772-6175	
Clinic PRIMARY Phone #: 254-772-6175 Fax:	
Service Area (counties to be served by this clinic site):	Bastrop, Bell, Bosque, Brazos, Callahan, Collin, Coryell, Dallas, Denton, Ector, Ellis, Erath, Falls, Fort Bend, Freestone, Grayson, Hamilton, Harris, Henderson, Hill, Jackson, Jefferson, Johnson, Lampasas, Lee, Leon, Limestone, Lubbock, McLennan, Midland, Milam, Mills, Navarro, Palo Pinto, Polk, Robertson, Smith, Tarrant, Taylor, Travis, Walker, and Williamson
Contact Person: Deborah McGregor	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:00					8:00
TUESDAY	8:00			5:00		
WEDNESDAY	8:00			5:00		
THURSDAY	8:00			5:00		
FRIDAY	8:00			5:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Care Net Pregnancy Resource Center of Dumas

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Care Net Pregnancy Resource Center of Dumas	
Street Address: 1315 Zauk Avenue	Suite:
City: Dumas	County: Moore Zip Code: 79029 HSR: 1
Clinic APPOINTMENT Phone #: 806-935-3549	
Clinic PRIMARY Phone #: 806-935-3549 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Dallam, Deaf Smith, Hansford, Hartley, Moore, Randall, and Sherman	
Contact Person: Monica Sullivan	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:00			5:00		
TUESDAY	8:00			5:00		
WEDNESDAY	8:00			5:00		
THURSDAY			12:00			6:00
FRIDAY	8:00			3:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Catholic Charities Archdiocese of San Antonio

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Catholic Counseling and Consultation Center			
Street Address: 231 W. Commerce Street		Suite:	
City: San Antonio	County: Bexar	Zip Code: 78207	HSR: 8
Clinic APPOINTMENT Phone #: 210-377-1133			
Clinic PRIMARY Phone #: 210-377-1133		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Atascosa, Bandera, Bexar, Cameron, Comal, Gillespie, Guadalupe, Karnes, Kerr, Orange, Val Verde, and Wilson			
Contact Person: Kari Stewart			
Provider Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Site:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9:00			5:00		
TUESDAY	11:00			5:00		
WEDNESDAY	9:00			5:00		
THURSDAY	11:00			5:00		
FRIDAY	9:00			5:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Catholic Charities Archdiocese of San Antonio

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Guadalupe Home			
Street Address: 2102 Buena Vista		Suite:	
City: San Antonio	County: Bexar	Zip Code: 78207	HSR: 8
Clinic APPOINTMENT Phone #: 210-476-0707			
Clinic PRIMARY Phone #: 210-476-0707		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Bexar			
Contact Person: Kari Stewart			
Provider Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Site:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:00			5:00		
TUESDAY	8:00			5:00		
WEDNESDAY	8:00			5:00		
THURSDAY	8:00			5:00		
FRIDAY	8:00			5:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Catholic Charities Archdiocese of San Antonio

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Pregnancy and New Parent Support Services			
Street Address: 110 Bandera Road		Suite:	
City: San Antonio	County: Bexar	Zip Code: 78228	HSR: 8
Clinic APPOINTMENT Phone #: 210-455-6105			
Clinic PRIMARY Phone #: 210-455-6105		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Atascosa and Bexar			
Contact Person: Kari Stewart			
Provider Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Site:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:30			5:30		
TUESDAY	8:30			5:30		
WEDNESDAY	8:30			5:30		
THURSDAY	8:30			5:30		
FRIDAY	8:30			5:30		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Catholic Charities of Central Texas

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Catholic Charities of Central Texas - Counseling Services	
Street Address: 1625 Rutherford Lane, Building B	Suite:
City: Austin	County: Travis Zip Code: 78754 HSR: 7
Clinic APPOINTMENT Phone #: 512-651-6100	
Clinic PRIMARY Phone #: 512-651-6100 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Bastrop, Brazos, Caldwell, Hays, Hidalgo, Travis, and Williamson	
Contact Person: Sara Ramirez	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9:00					7:00
TUESDAY	9:00					7:00
WEDNESDAY	9:00					7:00
THURSDAY	9:00					7:00
FRIDAY	9:00			5:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Catholic Charities of Central Texas

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Gabriel Project Life Center - Austin	
Street Address: 1625 Rutherford Lane, Building A	Suite:
City: Austin	County: Travis Zip Code: 78754 HSR: 7
Clinic APPOINTMENT Phone #: 512-651-6100	
Clinic PRIMARY Phone #: 512-651-6100 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Bastrop, Bell, Blanco, Brazos, Caldwell, Fayette, Guadalupe, Hays, Hidalgo, McLennan, Travis, and Williamson	
Contact Person: Sara Ramirez	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9:00					7:00
TUESDAY	9:00					7:00
WEDNESDAY	9:00					7:00
THURSDAY	9:00					7:00
FRIDAY	9:00			5:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Catholic Charities of Central Texas

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Gabriel Project Life Center - Brazos Valley	
Street Address: 1410 Cavitt Avenue	Suite:
City: Bryan	County: Brazos Zip Code: 77801 HSR: 7
Clinic APPOINTMENT Phone #: 979-822-9340	
Clinic PRIMARY Phone #: 979-822-9340 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Bell, Brazos, Burleson, Grimes, Leon, Madison, Milam, Montgomery, Robertson, and Waller	
Contact Person: Sara Ramirez	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9:00			4:00		
TUESDAY	9:00			4:00		
WEDNESDAY	9:00			4:00		
THURSDAY	9:00			4:00		
FRIDAY	Closed					
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Catholic Charities of Dallas

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Catholic Charities of Dallas - Main			
Street Address: 1421 W. Mockingbird			Suite:
City: Dallas	County: Dallas	Zip Code: 75247	HSR: 3
Clinic APPOINTMENT Phone #: 214-520-6590			
Clinic PRIMARY Phone #: 214-520-6590			Fax:
Service Area <i>(counties to be served by this clinic site):</i> Bowie, Collin, Dallas, Denton, Ellis, Harris, Henderson, Hunt, Johnson, Orange, Rockwall, Shelby, Smith, Tarrant, and Taylor			
Contact Person: Dave Woodyard			
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:30			5:00		
TUESDAY	8:30			5:00		
WEDNESDAY	8:30			5:00		
THURSDAY	8:30			5:00		
FRIDAY	8:30			5:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Catholic Charities of the Archdiocese of Galveston-Houston

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Catholic Charities of the Archdiocese of Galveston-Houston - Central Office			
Street Address: 2900 Louisiana Street		Suite:	
City: Houston	County: Harris	Zip Code: 77006	HSR: 6
Clinic APPOINTMENT Phone #: 713-874-6760			
Clinic PRIMARY Phone #: 713-874-6760		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Brazoria, Fort Bend, Harris, and Montgomery			
Contact Person: Natalie Wood			
Provider Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Site:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:00			5:00		
TUESDAY	8:00			5:00		
WEDNESDAY	8:00			5:00		
THURSDAY	8:00			5:00		
FRIDAY	8:00			5:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Catholic Charities of the Archdiocese of Galveston-Houston

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name:	Catholic Charities of the Archdiocese of Galveston-Houston - Fort Bend County						
Street Address:	12300 Parc Crest Drive				Suite:		
City:	Stafford	County:	Fort Bend	Zip Code:	77477	HSR:	6
Clinic APPOINTMENT Phone #:	281-207-2350						
Clinic PRIMARY Phone #:	281-207-2350				Fax:		
Service Area (counties to be served by this clinic site):	Fort Bend and Harris						
Contact Person:	Ernesto Lopez						
Provider Site:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No			
Mobile Site:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No			

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9:00					6:00
TUESDAY	Closed					
WEDNESDAY	9:00					6:00
THURSDAY	Closed					
FRIDAY	9:00					6:00
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Catholic Charities of the Archdiocese of Galveston-Houston

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name:	Catholic Charities of the Archdiocese of Galveston-Houston - Mamie George Community Center					
Street Address:	1111 Collins Road				Suite:	
City:	Richmond	County:	Harris	Zip Code:	77469	HSR: 6
Clinic APPOINTMENT Phone #:	713-874-6760					
Clinic PRIMARY Phone #:	713-874-6760				Fax:	
Service Area (counties to be served by this clinic site):	Harris					
Contact Person:	Natalie Wood					
Provider Site:	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Mobile Site:	<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/>	No		

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Catholic Charities of the Archdiocese of Galveston-Houston

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name:	Catholic Charities of the Archdiocese of Galveston-Houston - Moran Health Center						
Street Address:	2615 Fannin Street				Suite:		
City:	Houston	County:	Harris	Zip Code:	77002	HSR:	6
Clinic APPOINTMENT Phone #:	713-874-6602						
Clinic PRIMARY Phone #:	713-874-6602				Fax:		
Service Area (counties to be served by this clinic site):	Brazoria, Fort Bend, Galveston, Hardin, Harris, Jefferson, and Montgomery						
Contact Person:	Ernesto Lopez						
Provider Site:	<input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No				
Mobile Site:	<input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No				

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:00			5:00		
TUESDAY	8:00			5:00		
WEDNESDAY	8:00			5:00		
THURSDAY	8:00			5:00		
FRIDAY	8:00			5:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Catholic Charities of the Rio Grande Valley

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Catholic Charities of the Rio Grande Valley - Brownsville Office	
Street Address: 955 W. Price Road	Suite:
City: Brownsville County: Cameron Zip Code: 78520 HSR: 11	
Clinic APPOINTMENT Phone #: 956-541-0220	
Clinic PRIMARY Phone #: 956-541-0220	Fax:
Service Area <i>(counties to be served by this clinic site):</i> Cameron and Hidalgo	
Contact Person: Sr. Norma Pimentel	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:00	12:00	1:00	5:00		
TUESDAY	8:00	12:00	1:00	5:00		
WEDNESDAY	8:00	12:00	1:00	5:00		
THURSDAY	8:00	12:00	1:00	5:00		
FRIDAY	8:00	12:00	1:00	5:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Catholic Charities of the Rio Grande Valley

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Catholic Charities of the Rio Grande Valley - San Juan Office	
Street Address: 700 N. Virgen de San Juan	Suite:
City: San Juan County: Hidalgo Zip Code: 78589 HSR: 11	
Clinic APPOINTMENT Phone #: 956-702-4088	
Clinic PRIMARY Phone #: 956-702-4088	Fax:
Service Area <i>(counties to be served by this clinic site):</i> Anderson, Cameron, Hidalgo, Nueces, and Starr	
Contact Person: Sr. Norma Pimentel	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:00			5:00		
TUESDAY	8:00			5:00		
WEDNESDAY	8:00			5:00		
THURSDAY	8:00			5:00		
FRIDAY	8:00			5:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Catholic Crisis Pregnancy Center

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Birth Choice	
Street Address: 8610 Greenville Avenue	Suite: 200
City: Dallas	County: Dallas Zip Code: 75243 HSR: 3
Clinic APPOINTMENT Phone #: 214-631-2402	
Clinic PRIMARY Phone #: 214-631-2402 Fax:	
Service Area Anderson, Bexar, Collin, Dallas, Denton, Ector, Ellis, Grayson, Harris, Hays, Henderson, Hill, Hunt, Kaufman, Lamar, Limestone, McLennan, Nacogdoches, Navarro, Panola, Rockwall, Smith, Tarrant, Titus, and Van Zandt (counties to be served by this clinic site):	
Contact Person: Ryan Harkins	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:00			3:00		
TUESDAY	8:00			3:00		
WEDNESDAY	8:00			3:00		
THURSDAY	8:00			3:00		
FRIDAY	8:00			3:00		
SATURDAY	9:00			1:00		
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Central Texas Life Care

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Central Texas Life Care - Main	
Street Address: 115 Warden Lane	Suite:
City: San Marcos	County: Hays Zip Code: 78666 HSR: 7
Clinic APPOINTMENT Phone #: 512-396-3020	
Clinic PRIMARY Phone #: 512-396-3020 Fax:	
Service Area (counties to be served by this clinic site):	Bastrop, Bexar, Blanco, Caldwell, Calhoun, Comal, Fort Bend, Galveston, Gonzales, Gregg, Guadalupe, Harris, Hays, Hidalgo, Lavaca, Lee, Tarrant, Travis, and Wilson
Contact Person: Cheri Martin	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9:00			4:00		
TUESDAY	9:00			4:00		
WEDNESDAY	8:00					6:00
THURSDAY	8:00					6:00
FRIDAY	Closed					
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Central Texas Life Care

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Central Texas Life Care - Ranch			
Street Address: Undisclosed Address			Suite:
City: San Marcos	County: Caldwell	Zip Code:	HSR: 7
Clinic APPOINTMENT Phone #: 512-396-3020			
Clinic PRIMARY Phone #: 512-396-3020		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Caldwell			
Contact Person: Cheri Martin			
Provider Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Site:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Children and Family Institute

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Children and Family Institute - Dallas	
Street Address: 5787 South Hampton	Suite: 360
City: Dallas	County: Dallas Zip Code: 75232 HSR: 3
Clinic APPOINTMENT Phone #: 214-337-9979	
Clinic PRIMARY Phone #: 214-337-9979 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Collin, Dallas, Denton, Ellis, Hood, Johnson, Kaufman, Parker, and Tarrant	
Contact Person: Rose Jones	
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:30			5:00		
TUESDAY	8:30			5:00		
WEDNESDAY	8:30			5:00		
THURSDAY	8:30			5:00		
FRIDAY	8:30			5:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Children and Family Institute

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Children and Family Institute - Fort Worth			
Street Address: 4200 South Freeway		Suite: 424	
City: Fort Worth	County: Tarrant	Zip Code: 76115	HSR: 3
Clinic APPOINTMENT Phone #: 817-920-1804			
Clinic PRIMARY Phone #: 817-920-1804		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Collin, Dallas, Denton, Ellis, Hays, Johnson, Parker, and Tarrant			
Contact Person: Rose Jones			
Provider Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Site:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:30			5:00		
TUESDAY	8:30			5:00		
WEDNESDAY	8:30			5:00		
THURSDAY	8:30			5:00		
FRIDAY	9:00			1:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Children's Connection Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Children's Connection Inc. - Abilene	
Street Address: 3478 Catclaw Drive #220	Suite:
City: Abilene	County: Taylor Zip Code: 79606 HSR: 2
Clinic APPOINTMENT Phone #: 325-267-1441	
Clinic PRIMARY Phone #: 325-267-1441 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Denton, Jones, Lubbock, Smith, Taylor, and Young	
Contact Person: Debora Phillips	
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Children's Connection Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Children's Connection Inc. - Amarillo	
Street Address: 3440 Bell Street, PMB 113	Suite: 320
City: Amarillo	County: Randall Zip Code: 79109 HSR: 1
Clinic APPOINTMENT Phone #: 806-352-4733	
Clinic PRIMARY Phone #: 806-352-4733 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Bexar, Dallas, El Paso, Floyd, Harris, Lubbock, Potter, Randall, Swisher, Travis, and Trinity	
Contact Person: Debora Phillips	
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Children's Connection Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Children's Connection Inc. - Austin			
Street Address: 7301 Burnet Road #230		Suite: 102	
City: Austin	County: Travis	Zip Code: 78757	HSR: 7
Clinic APPOINTMENT Phone #: 512-992-9466			
Clinic PRIMARY Phone #: 512-992-9466		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Bexar, Burnet, Caldwell, Galveston, Harris, Hays, Kleberg, Lubbock, McLennan, Nueces, Travis, and Williamson			
Contact Person: Debora Phillips			
Provider Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Site:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Children's Connection Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Children's Connection Inc. - Beaumont	
Street Address: 148 South Dowlen, PMB 31	Suite:
City: Beaumont County: Jefferson Zip Code: 77707 HSR: 5	
Clinic APPOINTMENT Phone #: 409-365-4206	
Clinic PRIMARY Phone #: 409-365-4206	Fax:
Service Area <i>(counties to be served by this clinic site):</i> Harris and Jefferson	
Contact Person: Debora Phillips	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Children's Connection Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Children's Connection Inc. - Bryan	
Street Address: 801 Dellwood Street, PMB 305	Suite: 100
City: Bryan	County: Brazos Zip Code: 77802 HSR: 7
Clinic APPOINTMENT Phone #: 979-324-3302	
Clinic PRIMARY Phone #: 979-324-3302 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> El Paso, Harris, and Montgomery	
Contact Person: Debora Phillips	
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Children's Connection Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Children's Connection Inc. - Corpus Christi			
Street Address: 2732 S.P.L.D #144		Suite:	
City: Corpus Christi	County: Nueces	Zip Code: 78415	HSR: 11
Clinic APPOINTMENT Phone #: 361-944-0071			
Clinic PRIMARY Phone #: 361-944-0071		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Austin, Dallas, Kleberg, Nueces, and Victoria			
Contact Person: Debora Phillips			
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Children's Connection Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Children's Connection Inc. - Dallas	
Street Address: 5600 W. Lovers Lane	Suite: 116-157
City: Dallas	County: Dallas Zip Code: 75209 HSR: 3
Clinic APPOINTMENT Phone #: 214-226-8330	
Clinic PRIMARY Phone #: 214-226-8330 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Bexar, Collin, Dallas, Denton, Grayson, Harris, Hill, Lubbock, Nueces, Tarrant, and Travis	
Contact Person: Debora Phillips	
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Children's Connection Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Children's Connection Inc. - Eagle Pass	
Street Address: 476 South Bibb #532	Suite: C
City: Eagle Pass County: Maverick Zip Code: 78852 HSR: 8	
Clinic APPOINTMENT Phone #: 830-513-6633	
Clinic PRIMARY Phone #: 830-513-6633	Fax:
Service Area <i>(counties to be served by this clinic site):</i> Maverick	
Contact Person: Debora Phillips	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Children's Connection Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Children's Connection Inc. - Edinburg			
Street Address: 2112 W. University			Suite:
City: Edinburg	County: Hidalgo	Zip Code: 78539	HSR: 11
Clinic APPOINTMENT Phone #: 956-252-6555			
Clinic PRIMARY Phone #: 956-252-6555		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Hidalgo			
Contact Person: Debora Phillips			
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Children's Connection Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Children's Connection Inc. - El Paso			
Street Address: 105 East San Antonio Street		Suite:	
City: El Paso	County: El Paso	Zip Code: 79901	HSR: 10
Clinic APPOINTMENT Phone #: 915-309-7551			
Clinic PRIMARY Phone #: 915-309-7551		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> El Paso			
Contact Person: Debora Phillips			
Provider Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Site:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Children's Connection Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Children's Connection Inc. - Ft. Worth			
Street Address: 209 West 2nd Street #326		Suite:	
City: Fort Worth	County: Tarrant	Zip Code: 76102	HSR: 3
Clinic APPOINTMENT Phone #: 817-343-7310			
Clinic PRIMARY Phone #: 817-343-7310		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Parker and Tarrant			
Contact Person: Debora Phillips			
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Children's Connection Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Children's Connection Inc. - Gainesville	
Street Address: 1014 E. Hwy. 82, PMB 223	Suite:
City: Gainesville County: Cooke Zip Code: 76240 HSR: 3	
Clinic APPOINTMENT Phone #: 940-727-9170	
Clinic PRIMARY Phone #: 940-727-9170	Fax:
Service Area <i>(counties to be served by this clinic site):</i> Cooke	
Contact Person: Debora Phillips	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Children's Connection Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Children's Connection Inc. - Houston	
Street Address: 3262 Westheimer Road #358	Suite:
City: Houston	County: Harris Zip Code: 77098 HSR: 6
Clinic APPOINTMENT Phone #: 713-301-9101	
Clinic PRIMARY Phone #: 713-301-9101 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Austin, Brazoria, Dallas, Fort Bend, Galveston, Harris, Jefferson, Montgomery, Randall, and Trinity	
Contact Person: Debora Phillips	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Children's Connection Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Children's Connection Inc. - Killeen			
Street Address: 2511 Trimmier Road, PMB 270		Suite: 140	
City: Killeen	County: Bell	Zip Code: 76542	HSR: 7
Clinic APPOINTMENT Phone #: 254-368-4637			
Clinic PRIMARY Phone #: 254-368-4637		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Bell, Coryell, and McLennon			
Contact Person: Debora Phillips			
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Children's Connection Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Children's Connection Inc. - Laredo			
Street Address: 7305 San Dario Avenue #403		Suite: G	
City: Laredo	County: Webb	Zip Code: 78045	HSR: 11
Clinic APPOINTMENT Phone #: 956-786-9094			
Clinic PRIMARY Phone #: 956-786-9094		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Bexar			
Contact Person: Debora Phillips			
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Children's Connection Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Children's Connection Inc. - Lubbock	
Street Address: 2514 82nd Street	Suite: G
City: Lubbock	County: Lubbock Zip Code: 79423 HSR: 1
Clinic APPOINTMENT Phone #: 806-745-7995	
Clinic PRIMARY Phone #: 806-745-7995 Fax:	
Service Area (counties to be served by this clinic site):	Bexar, Brazoria, Collin, Coryell, Crosby, Dallas, Dickens, El Paso, Gaines, Garza, Hale, Harris, Hockley, Kleberg, Lubbock, McLennan, Nueces, Parker, Parmer, Potter, Randall, Taylor, Terry, Travis, Trinity, and Young
Contact Person: Debora Phillips	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:30			5:00		
TUESDAY	8:30			5:00		
WEDNESDAY	8:30			5:00		
THURSDAY	8:30			5:00		
FRIDAY	8:30			5:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Children's Connection Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Children's Connection Inc. - Lufkin	
Street Address: 3009 S. John Redditt Drive #236	Suite: E
City: Lufkin	County: Angelina Zip Code: 75904 HSR: 5
Clinic APPOINTMENT Phone #: 936-404-7279	
Clinic PRIMARY Phone #: 936-404-7279 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Nacogdoches, San Augustine, and Smith	
Contact Person: Debora Phillips	
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Children's Connection Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Children's Connection Inc. - Midland	
Street Address: 3001 W. Loop 250 N.#374	Suite: c-150
City: Midland	County: Midland Zip Code: 79705 HSR: 9
Clinic APPOINTMENT Phone #: 432-550-0545	
Clinic PRIMARY Phone #: 432-550-0545 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Ector, Kimble, and Midland	
Contact Person: Debora Phillips	
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Children's Connection Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Children's Connection Inc. - San Angelo					
Street Address: 3524 Knickerbocker Road #200				Suite: C	
City: San Angelo	County: Tom Green	Zip Code: 76904	HSR: 9		
Clinic APPOINTMENT Phone #: 325-716-3349					
Clinic PRIMARY Phone #: 325-716-3349				Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Tom Green					
Contact Person: Debora Phillips					
Provider Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No		
Mobile Site:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Children's Connection Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Children's Connection Inc. - San Antonio			
Street Address: 4007 McCullough Avenue #242		Suite:	
City: San Antonio	County: Bexar	Zip Code: 78212	HSR: 8
Clinic APPOINTMENT Phone #: 210-452-9773			
Clinic PRIMARY Phone #: 210-452-9773		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Bexar, Guadalupe, Nueces, and Travis			
Contact Person: Debora Phillips			
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Children's Connection Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Children's Connection Inc. - San Marcos			
Street Address: 415 N Guadalupe Street		Suite:	
City: San Marcos	County: Hays	Zip Code: 78666	HSR: 7
Clinic APPOINTMENT Phone #: 512-757-7608			
Clinic PRIMARY Phone #: 512-757-7608		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Hays			
Contact Person: Debora Phillips			
Provider Site: <input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
Mobile Site: <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Children's Connection Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Children's Connection Inc. - Texarkana	
Street Address: 2509 Richmond Road	Suite: 303
City: Texarkana County: Bowie Zip Code: 75503 HSR: 4	
Clinic APPOINTMENT Phone #: 903-701-4326	
Clinic PRIMARY Phone #: 903-701-4326	Fax:
Service Area <i>(counties to be served by this clinic site):</i> Bowie and Cass	
Contact Person: Debora Phillips	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Children's Connection Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Children's Connection Inc. - Tyler			
Street Address: 1910 East SouthEast Loop 323, PMB 178		Suite:	
City: Tyler	County: Smith	Zip Code: 75701	HSR: 4
Clinic APPOINTMENT Phone #: 903-343-5273			
Clinic PRIMARY Phone #: 903-343-5273		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Gregg, Henderson, Rains, and Smith			
Contact Person: Debora Phillips			
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Children's Connection Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Children's Connection Inc. - Victoria	
Street Address: 8806 N. Navarro	Suite: 600-166
City: Victoria	County: Victoria Zip Code: 77904 HSR: 8
Clinic APPOINTMENT Phone #: 361-703-8736	
Clinic PRIMARY Phone #: 361-703-8736 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Austin, Nueces, and Victoria	
Contact Person: Debora Phillips	
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Children's Connection Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Children's Connection Inc. - Waco	
Street Address: 4300 West Waco Drive#138	Suite: B2
City: Waco	County: McLennan Zip Code: 76710 HSR: 7
Clinic APPOINTMENT Phone #: 254-230-2890	
Clinic PRIMARY Phone #: 254-230-2890 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Bell, Dallas, Parker, Tarrant, Taylor, and Travis	
Contact Person: Debora Phillips	
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Children's Connection Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Children's Connection Inc. - Wichita Falls			
Street Address: 4624 Karla Street		Suite:	
City: Wichita Falls	County: Wichita	Zip Code: 76310	HSR: 2
Clinic APPOINTMENT Phone #: 940-613-7303			
Clinic PRIMARY Phone #: 940-613-7303		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Denton, Parker, Taylor, Wise, and Young			
Contact Person: Debora Phillips			
Provider Site: <input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
Mobile Site: <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: ChristianWorks

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: ChristianWorks	
Street Address: 5440 Harvest Hill Road	Suite: 140
City: Dallas	County: Dallas Zip Code: 75230 HSR: 3
Clinic APPOINTMENT Phone #: 972-960-9981	
Clinic PRIMARY Phone #: 972-960-9981 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Collin, Dallas, and Denton	
Contact Person: Rob Pine	
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9:00			5:00		
TUESDAY	9:00			5:00		
WEDNESDAY	9:00			5:00		
THURSDAY	9:00			5:00		
FRIDAY	9:00			5:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: ChristianWorks

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: ChristianWorks - Ft. Worth			
Street Address: 2214 Hemphill Street		Suite:	
City: Fort Worth	County: Tarrant	Zip Code: 76110	HSR: 3
Clinic APPOINTMENT Phone #: 817-502-7789			
Clinic PRIMARY Phone #: 817-502-7789		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Tarrant			
Contact Person: Rob Pine			
Provider Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Site:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9:00			5:00		
TUESDAY	9:00			5:00		
WEDNESDAY	9:00			5:00		
THURSDAY	9:00			5:00		
FRIDAY	9:00			5:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Community Family Centers

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Community Family Centers	
Street Address: 7524 Avenue E	Suite:
City: Houston	County: Harris Zip Code: 77012 HSR: 6
Clinic APPOINTMENT Phone #: 713-923-2316	
Clinic PRIMARY Phone #: 713-923-2316 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Harris	
Contact Person: Maritza Guerrero	
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:00					9:00
TUESDAY	8:00					9:00
WEDNESDAY	8:00					9:00
THURSDAY	8:00					9:00
FRIDAY	8:00					6:00
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Corpus Christi Hope House

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Corpus Christi Hope House			
Street Address: 658 Robinson Street		Suite:	
City: Corpus Christi	County: Nueces	Zip Code: 78404	HSR: 11
Clinic APPOINTMENT Phone #: 361-852-2273			
Clinic PRIMARY Phone #: 361-852-2273		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Aransas, Bee, Brooks, De Witt, Hidalgo, Jim Hogg, Jim Wells, Kleberg, Nueces, San Patricio, Starr, Webb, and Zavala			
Contact Person: Melissa Juarez			
Provider Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Site:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:00			5:00		
TUESDAY	8:00			5:00		
WEDNESDAY	8:00			5:00		
THURSDAY	8:00			5:00		
FRIDAY	8:00			5:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Eastland County Open Door

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: The Open Door Pregnancy Center - Breckenridge	
Street Address:	110 N. Live Oak Suite: _____
City: Breckenridge	County: Stephens Zip Code: 76424 HSR: 2
Clinic APPOINTMENT Phone #: 254-559-4045	
Clinic PRIMARY Phone #: 254-559-4045 Fax: _____	
Service Area (counties to be served by this clinic site):	Bexar, Dallas, Eastland, Erath, Montgomery, Palo Pinto, Parker, Shackelford, Stephens, Taylor, Throckmorton, Upton, Wilbarger, Wise, and Young
Contact Person: Desiree Paddack	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9:00			5:00		
TUESDAY			12:00			8:00
WEDNESDAY	9:00			5:00		
THURSDAY	9:00			5:00		
FRIDAY	8:00			5:30		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Eastland County Open Door

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: The Open Door Pregnancy Center - Cisco	
Street Address: 1906 Hwy 206	Suite:
City: Cisco	County: Eastland Zip Code: 76437 HSR: 2
Clinic APPOINTMENT Phone #: 254-442-3000	
Clinic PRIMARY Phone #: 254-442-3000 Fax:	
Service Area (counties to be served by this clinic site):	Baylor, Bell, Bexar, Brazoria, Brown, Callahan, Coleman, Comanche, Coryell, Dallas, Eastland, Ector, El Paso, Erath, Foard, Freestone, Garza, Harris, Haskell, Hill, Howard, Lubbock, McLennan, Nolan, Palo Pinto, Parker, Pecos, Shackelford, Somervell, Stephens, Tarrant, Taylor, Tom Green, Travis, Williamson, and Young
Contact Person: Desiree Paddack	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	10:00			5:30		
TUESDAY	10:00					8:00
WEDNESDAY	10:00			5:30		
THURSDAY	8:00			5:30		
FRIDAY	Closed					
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Expectant Heart Pregnancy Resource Center

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Expectant Heart Pregnancy Resource Center	
Street Address: 3 Rockwall Drive	Suite:
City: Longview County: Gregg Zip Code: 75604 HSR: 4	
Clinic APPOINTMENT Phone #: 903-931-3124	
Clinic PRIMARY Phone #: 903-931-3124 Fax:	
Service Area (counties to be served by this clinic site):	Bowie, Camp, Cass, Dallas, Gregg, Harrison, Hopkins, Marion, Morris, Orange, Panola, Rusk, San Augustine, Smith, Tarrant, Titus, Upshur, Van Zandt, and Wood
Contact Person: Shannel Newton	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	Closed					
TUESDAY	9:00			5:00		
WEDNESDAY	9:00			5:00		
THURSDAY	9:00			5:00		
FRIDAY	9:00			3:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Family Care Connection

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Family Care Connection - Main Office	
Street Address: 6969 Pastor Bailey Drive	Suite: 140
City: Dallas	County: Dallas Zip Code: 75237 HSR: 3
Clinic APPOINTMENT Phone #: 972-298-3366	
Clinic PRIMARY Phone #: 972-298-3366 Fax:	
Service Area (counties to be served by this clinic site):	Angelina, Collin, Dallas, Denton, Ellis, Galveston, Grayson, Gregg, Guadalupe, Hale, Harris, Henderson, Hunt, Johnson, Kaufman, Lamar, Limestone, McLennan, Navarro, Palo Pinto, Parker, Potter, Red River, Rockwall, Shelby, Smith, Tarrant, Taylor, Titus, Upshur, Van Zandt, Williamson, and Wood
Contact Person: Sharron Whitaker	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9:00			5:00		
TUESDAY	9:00			5:00		
WEDNESDAY	9:00			5:00		
THURSDAY	9:00			5:00		
FRIDAY	9:00			5:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Family Care Connection

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Family Care Connection - South Dallas			
Street Address: Undisclosed Address			Suite:
City: Dallas	County: Dallas	Zip Code:	HSR: 3
Clinic APPOINTMENT Phone #: 972-298-3366			
Clinic PRIMARY Phone #: 972-298-3366		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Collin, Dallas, Denton, Ellis, Rockwall, and Tarrant			
Contact Person: Sharron Whitaker			
Provider Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Site:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Family Care Connection

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Family Care Connection - West Dallas			
Street Address: 2828 Fish Trap Road			Suite:
City: Dallas	County: Dallas	Zip Code: 75212	HSR: 3
Clinic APPOINTMENT Phone #: 214-920-8493			
Clinic PRIMARY Phone #: 214-920-8493		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Collin, Dallas, Denton, Ellis, Johnson, Kaufman, Navarro, Rockwall, and Tarrant			
Contact Person: Sharron Whitaker			
Provider Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Site:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Family Promise of Lubbock

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Family Promise of Lubbock - Hope House			
Street Address: 1511 Ave M		Suite:	
City: Lubbock	County: Lubbock	Zip Code: 79401	HSR: 1
Clinic APPOINTMENT Phone #: 806-744-5035			
Clinic PRIMARY Phone #: 806-744-5035		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Lubbock			
Contact Person: Doug Morris			
Provider Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Site:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:00			5:00		
TUESDAY	8:00			5:00		
WEDNESDAY	8:00			5:00		
THURSDAY	8:00			5:00		
FRIDAY	8:00			5:00		
SATURDAY		By	Appt.	Only		
SUNDAY		By	Appt.	Only		



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Family Promise of Lubbock

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Family Promise of Lubbock - Promise House			
Street Address: Undisclosed Address			Suite:
City: Lubbock	County: Lubbock	Zip Code:	HSR: 1
Clinic APPOINTMENT Phone #: 806-744-5035			
Clinic PRIMARY Phone #: 806-744-5035		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Lubbock			
Contact Person: Doug Morris			
Provider Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Site:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Family Promise of Lubbock

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Family Promise of Lubbock - Samaritan House			
Street Address: 1319 15th Street			Suite:
City: Lubbock	County: Lubbock	Zip Code: 79401	HSR: 1
Clinic APPOINTMENT Phone #: 806-744-5035			
Clinic PRIMARY Phone #: 806-744-5035		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Lubbock			
Contact Person: Doug Morris			
Provider Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Site:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:00			5:00		
TUESDAY	8:00			5:00		
WEDNESDAY	8:00			5:00		
THURSDAY	8:00			5:00		
FRIDAY	8:00			5:00		
SATURDAY		By	Appt.	Only		
SUNDAY		By	Appt.	Only		



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Fifth Ward Pregnancy Help Center

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Houston Pregnancy Help Center - Downtown	
Street Address: 3636 San Jacinto Street	Suite:
City: Houston	County: Harris Zip Code: 77004 HSR: 6
Clinic APPOINTMENT Phone #: 713-942-2100	
Clinic PRIMARY Phone #: 713-942-2100 Fax:	
Service Area (counties to be served by this clinic site):	Anderson, Angelina, Austin, Bell, Bexar, Brazoria, Brazos, Chambers, Collin, Colorado, Comal, Dallas, De Witt, Denton, Fort Bend, Galveston, Grimes, Harris, Jefferson, Liberty, Matagorda, Montgomery, Orange, Panola, Rusk, Sabine, San Jacinto, Smith, Tarrant, Taylor, Travis, Walker, Waller, Washington, and Wharton
Contact Person: Sylvia Johnson	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9:00					7:00
TUESDAY	9:00			3:00		
WEDNESDAY	9:00			3:00		
THURSDAY	9:00			3:00		
FRIDAY	9:00			2:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Fifth Ward Pregnancy Help Center

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Houston Pregnancy Help Center - Fifth Ward	
Street Address: 743 Shotwell Street	Suite:
City: Houston	County: Harris Zip Code: 77020 HSR: 6
Clinic APPOINTMENT Phone #: 713-942-2100	
Clinic PRIMARY Phone #: 713-942-2100 Fax:	
Service Area Anderson, Angelina, Bell, Bexar, Brazoria, Brazos, Brown, Chambers, Colorado, Coryell, Dallas, Ector, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Nacogdoches, Polk, San Jacinto, Tarrant, Travis, Trinity, Victoria, Walker, Waller, and Wharton <i>(counties to be served by this clinic site):</i>	
Contact Person: Sylvia Johnson	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9:00					7:00
TUESDAY	9:00			3:00		
WEDNESDAY	9:00			3:00		
THURSDAY	9:00			3:00		
FRIDAY	9:00			2:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Fifth Ward Pregnancy Help Center

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Houston Pregnancy Help Center - Mobile Medical Van	
Street Address: 3636 San Jacinto Street	Suite:
City: Houston	County: Harris Zip Code: 77004 HSR: 6
Clinic APPOINTMENT Phone #: 713-942-2100	
Clinic PRIMARY Phone #: 713-942-2100 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Harris	
Contact Person: Sylvia Johnson	
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	7:00	10:00				
TUESDAY	7:00	10:00				
WEDNESDAY	7:00	10:00				
THURSDAY	7:00	10:00				
FRIDAY	7:00	10:00				
SATURDAY	7:00	10:00				
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Foundation for Life

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Foundation for Life	
Street Address: 10900 Northwest Freeway	Suite: 112
City: Houston	County: Harris Zip Code: 77092 HSR: 6
Clinic APPOINTMENT Phone #: 713-682-5433	
Clinic PRIMARY Phone #: 713-682-5433 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Fort Bend, Harris, Matagorda, Montgomery, and San Jacinto	
Contact Person: Emily Ponte	
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9:00			5:00		
TUESDAY	9:00			5:00		
WEDNESDAY	9:00			5:00		
THURSDAY	9:00			5:00		
FRIDAY	9:00			5:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Gladney Center for Adoption

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Gladney Center for Adoption			
Street Address: 6300 John Ryan Drive		Suite:	
City: Fort Worth	County: Tarrant	Zip Code: 76132	HSR: 3
Clinic APPOINTMENT Phone #: 817-922-6000			
Clinic PRIMARY Phone #: 817-922-6000		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Bowie, Collin, Dallas, Denton, Floyd, Johnson, McLennan, Palo Pinto, Smith, and Tarrant			
Contact Person: Marc Melson			
Provider Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Site:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:30					10:00
TUESDAY	8:30					10:00
WEDNESDAY	8:30					10:00
THURSDAY	8:30					10:00
FRIDAY	8:30					10:00
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Hope Cottage

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Hope Cottage - Dallas	
Street Address: 609 Texas Street	Suite:
City: Dallas	County: Dallas Zip Code: 75204 HSR: 3
Clinic APPOINTMENT Phone #: 214-526-8721	
Clinic PRIMARY Phone #: 214-526-8721 Fax:	
Service Area (counties to be served by this clinic site):	Angelina, Bee, Bell, Cameron, Collin, Cooke, Dallas, Denton, Ector, El Paso, Ellis, Fannin, Grayson, Gregg, Harris, Hays, Henderson, Hopkins, Howard, Hunt, Johnson, Kaufman, Lamar, Limestone, McLennan, Palo Pinto, Rains, Rockwall, San Saba, Scurry, Smith, Tarrant, Van Zandt, Wichita, Wise County, and Wood
Contact Person: Brooks Quinlan	
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:30			5:00		
TUESDAY	8:30			5:00		
WEDNESDAY	8:30			5:00		
THURSDAY	8:30			5:00		
FRIDAY	8:30			2:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Hope Cottage

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Hope Cottage - El Paso			
Street Address: 1204 Montana Avenue			Suite:
City: El Paso	County: El Paso	Zip Code: 79902	HSR: 10
Clinic APPOINTMENT Phone #: 915-319-9937			
Clinic PRIMARY Phone #: 915-319-9937		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> El Paso			
Contact Person: Brooks Quinlan			
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:30			5:00		
TUESDAY	8:30			5:00		
WEDNESDAY	8:30			5:00		
THURSDAY	8:30			5:00		
FRIDAY	8:30			5:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Hope Cottage

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Hope Cottage - Tyler	
Street Address: 120 West 5th Street	Suite: 200
City: Tyler	County: Smith Zip Code: 75701 HSR: 4
Clinic APPOINTMENT Phone #: 903-352-9846	
Clinic PRIMARY Phone #: 903-352-9846 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Anderson, Gregg, Henderson, Smith, Upshur, Van Zandt, and Wood	
Contact Person: Brooks Quinlan	
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:30			5:00		
TUESDAY	8:30			5:00		
WEDNESDAY	8:30			5:00		
THURSDAY	8:30			5:00		
FRIDAY	8:30			2:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Hope Mansion

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Hope Mansion - Main	
Street Address: 1595 Mt. Lebanon Road	Suite:
City: Cedar Hill County: Dallas Zip Code: 75104 HSR: 3	
Clinic APPOINTMENT Phone #: 972-293-3370	
Clinic PRIMARY Phone #: 972-293-3370	Fax:
Service Area <i>(counties to be served by this clinic site):</i> Collin, Dallas, Denton, Ellis, Midland, and Tarrant	
Contact Person: Charlotte Earhart	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Involved for Life

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Involved for Life - Downtown Pregnancy Center	
Street Address: 525 N. Ervay Street	Suite:
City: Dallas	County: Dallas Zip Code: 75201 HSR: 3
Clinic APPOINTMENT Phone #: 214-969-2433	
Clinic PRIMARY Phone #: 214-969-2433 Fax:	
Service Area Anderson, Bell, Collin, Coryell, Dallas, Denton, Ellis, Erath, Falls, Fannin, Grayson, Gregg, Hale, Henderson, Hill, Hood, Hopkins, Hunt, Jefferson, Johnson, Kaufman, Lamar, McLennan, Morris, Navarro, Rockwall, Smith, Tarrant, Titus, Wichita, and Wood <i>(counties to be served by this clinic site):</i>	
Contact Person: Carolyn Cline	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9:00			5:00		
TUESDAY	9:00			5:00		
WEDNESDAY	10:00			5:00		
THURSDAY	9:00			1:00		
FRIDAY	Closed					
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Involved for Life

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Involved for Life - Uptown Women's Center	
Street Address: 2600 Hibernia Street	Suite:
City: Dallas	County: Dallas Zip Code: 75204 HSR: 3
Clinic APPOINTMENT Phone #: 214-220-0222	
Clinic PRIMARY Phone #: 214-220-0222 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Bell, Collin, Dallas, Denton, Ellis, Gregg, Henderson, Hill, Hunt, Kaufman, McLennan, Morris, Navarro, Rockwall, Smith, Tarrant, Titus, and Wood	
Contact Person: Carolyn Cline	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY						
TUESDAY			4:00			8:00
WEDNESDAY						
THURSDAY						
FRIDAY	10:00			5:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Living Alternatives of Jacksonville

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Living Alternatives of Jacksonville	
Street Address: 805 S. Jackson Street	Suite:
City: Jacksonville County: Cherokee Zip Code: 75766 HSR: 4	
Clinic APPOINTMENT Phone #: 903-586-9016	
Clinic PRIMARY Phone #: 903-586-9016	Fax:
Service Area <i>(counties to be served by this clinic site):</i> Anderson, Angelina, Cherokee, Henderson, Houston, Nacogdoches, Rusk, Smith, Travis, and Van Zandt	
Contact Person: Rhonda Edwards	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY			12:00	5:00		
TUESDAY		By	Appt.	Only		
WEDNESDAY			12:00	5:00		
THURSDAY			12:00	5:00		
FRIDAY			12:00	5:00		
SATURDAY			12:00	5:00		
SUNDAY			12:00	5:00		



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Living Alternatives of Palestine

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Living Alternatives of Palestine	
Street Address: 4002 S Loop 256	Suite: B
City: Palestine	County: Anderson Zip Code: 75801 HSR: 4
Clinic APPOINTMENT Phone #: 903-723-9944	
Clinic PRIMARY Phone #: 903-723-9944 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Anderson, Bexar, Cherokee, Dallas, Denton, Freestone, Henderson, Houston, Leon, Limestone, Navarro, Smith, and Wood	
Contact Person: Cheryle McCann	
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9:00			3:00		
TUESDAY	9:00			3:00		
WEDNESDAY	9:00			3:00		
THURSDAY	9:00			3:00		
FRIDAY	Closed					
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Living Alternatives of Palestine

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Living Alternatives of Palestine - Crockett	
Street Address: 603 East Goliad Avenue	Suite: 204
City: Crockett	County: Houston Zip Code: 75835 HSR: 5
Clinic APPOINTMENT Phone #: 706-594-7763	
Clinic PRIMARY Phone #: 706-594-7763 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Anderson, Brazoria, Houston, Polk, San Jacinto, Somervell, and Trinity	
Contact Person: Cheryle McCann	
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	Closed					
TUESDAY	9:00			5:00		
WEDNESDAY	Closed					
THURSDAY	9:00			5:00		
FRIDAY	Closed					
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Loreto House

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Loreto House - Main	
Street Address: 1100 North Bonnie Brae Street	Suite:
City: Denton	County: Denton Zip Code: 76201 HSR: 3
Clinic APPOINTMENT Phone #: 940-380-8191	
Clinic PRIMARY Phone #: 940-380-8191 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Cherokee, Collin, Cooke, Dallas, Denton, Ellis, Grayson, Gregg, Harris, Henderson, Hidalgo, Johnson, Parker, Smith, Tarrant, Taylor, and Wise	
Contact Person: Randy Bollig	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	10:00			5:00		
TUESDAY	10:00			5:00		
WEDNESDAY	10:00			5:00		
THURSDAY	10:00			5:00		
FRIDAY	10:00			5:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Low Birth Weight Development Center

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Low Birth Weight Development Center	
Street Address: 345 Calumet Avenue	Suite:
City: Dallas	County: Dallas Zip Code: 75211 HSR: 3
Clinic APPOINTMENT Phone #: 214-331-3517	
Clinic PRIMARY Phone #: 214-331-3517 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Bexar, Collin, Dallas, Denton, Ellis, Hunt, Marion, and Tarrant	
Contact Person: Liz Heyne	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:00			5:00		
TUESDAY	8:00			5:00		
WEDNESDAY	8:00			5:00		
THURSDAY	8:00			5:00		
FRIDAY	8:00			5:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Mother and Unborn Childcare of Lufkin, Inc.

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Pregnancy Help Center of Lufkin	
Street Address: 401 Gaslight Boulevard	Suite:
City: Lufkin	County: Angelina Zip Code: 75904 HSR: 5
Clinic APPOINTMENT Phone #: 936-632-9200	
Clinic PRIMARY Phone #: 936-632-9200 Fax:	
Service Area (counties to be served by this clinic site):	Angelina, Brazos, Cherokee, Harris, Houston, Jasper, Liberty, Nacogdoches, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Smith, Trinity, Tyler, and Walker
Contact Person: Paula Havard	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:00			5:00		
TUESDAY	8:00			5:00		
WEDNESDAY	8:00			5:00		
THURSDAY	8:00			5:00		
FRIDAY	8:00			12:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Our Lady of the Angels Maternity Shelter

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Our Lady of the Angels Maternity Shelter	
Street Address: 613 S. 9th Street	Suite:
City: Temple	County: Bell Zip Code: 76504 HSR: 7
Clinic APPOINTMENT Phone #: 254-742-2340	
Clinic PRIMARY Phone #: 254-742-2340 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Bell, Brazos, Coryell, Dallas, Fort Bend, and Travis	
Contact Person: Marlene Poehlmann	
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		Open	24	Hours		
TUESDAY		7	Days a	Week		
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Paris Pregnancy Care Center

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Paris Pregnancy Care Center	
Street Address: 500 East Houston Street	Suite:
City: Paris	County: Lamar Zip Code: 75460 HSR: 4
Clinic APPOINTMENT Phone #: 903-784-1555	
Clinic PRIMARY Phone #: 903-784-1555 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Bowie, Camp, Dallas, Delta, Denton, Fannin, Franklin, Galveston, Grayson, Hopkins, Hunt, Lamar, Lubbock, Red River, Titus, and Upshur	
Contact Person: Vickie Powell	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY			12:00	5:00		
TUESDAY	9:00					7:00
WEDNESDAY	10:00			3:00		
THURSDAY	9:00			5:00		
FRIDAY	Closed					
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Paris Pregnancy Care Center

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Paris Pregnancy Care Center of Red River County	
Street Address: 1210 W. Main Street	Suite:
City: Clarksville County: Red River Zip Code: 75426 HSR: 4	
Clinic APPOINTMENT Phone #: 903-219-0047	
Clinic PRIMARY Phone #: 903-219-0047	Fax:
Service Area <i>(counties to be served by this clinic site):</i> Bowie, Fannin, Franklin, Lamar, and Red River	
Contact Person: Vickie Powell	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	Closed					
TUESDAY	Closed					
WEDNESDAY			2:00			6:00
THURSDAY	Closed					
FRIDAY	Closed					
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Permian Basin Women's Resource Center

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: The Life Center - Andrews	
Street Address: 1412 NE Mustang Drive	Suite:
City: Andrews	County: Andrews Zip Code: 79714 HSR: 9
Clinic APPOINTMENT Phone #: 432-523-2859	
Clinic PRIMARY Phone #: 432-523-2859 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Andrews, Ector, Gaines, Howard, Loving, Lynn, Midland, Tarrant, Winkler, and Yoakum	
Contact Person: Judy Rouse	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	Closed					
TUESDAY	9:00			5:00		
WEDNESDAY	9:00			5:00		
THURSDAY	9:00			5:00		
FRIDAY	8:00			3:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Permian Basin Women's Resource Center

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: The Life Center - Big Spring	
Street Address: 1801 S. Main Street	Suite:
City: Big Spring County: Howard Zip Code: 79720 HSR: 9	
Clinic APPOINTMENT Phone #: 432-254-5311	
Clinic PRIMARY Phone #: 432-254-5311	Fax:
Service Area <i>(counties to be served by this clinic site):</i> Bexar, Howard, Martin, Midland, and Victoria	
Contact Person: Judy Rouse	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	Closed					
TUESDAY	9:00			5:00		
WEDNESDAY	9:00			5:00		
THURSDAY	9:00			5:00		
FRIDAY	8:00			3:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Permian Basin Women's Resource Center

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: The Life Center - Midland	
Street Address: 2101 West Wall Street	Suite:
City: Midland	County: Midland Zip Code: 79701 HSR: 9
Clinic APPOINTMENT Phone #: 432-683-6072	
Clinic PRIMARY Phone #: 432-683-6072 Fax:	
Service Area (counties to be served by this clinic site):	Anderson, Andrews, Bexar, Comal, Crane, Crosby, Dawson, Ector, El Paso, Glasscock, Harris, Howard, Llano, Lubbock, Martin, Midland, Mitchell, Montgomery, Nueces, Palo Pinto, Parker, Pecos, Potter, Presidio, Reagan, Reeves, Smith, Tarrant, Taylor, Terrell, Tom Green, Upton, Victoria, Ward, Wharton, Wheeler, and Winkler
Contact Person: Judy Rouse	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9:00			5:00		
TUESDAY	9:00			5:00		
WEDNESDAY	9:00			5:00		
THURSDAY	9:00			5:00		
FRIDAY	8:00			3:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Permian Basin Women's Resource Center

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: The Life Center - Odessa	
Street Address: 802 N. Washington Street	Suite:
City: Odessa	County: Ector Zip Code: 79761 HSR: 9
Clinic APPOINTMENT Phone #: 432-617-8378	
Clinic PRIMARY Phone #: 432-617-8378 Fax:	
Service Area (counties to be served by this clinic site):	Andrews, Bexar, Borden, Brewster, Crane, Dawson, De Witt, Ector, El Paso, Harris, Hidalgo, Hood, Jasper, Midland, Pecos, Polk, Reagan, Reeves, Starr, Travis, Ward, Webb, and Winkler
Contact Person: Judy Rouse	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	Closed					
TUESDAY	9:00			5:00		
WEDNESDAY	9:00			5:00		
THURSDAY	9:00			5:00		
FRIDAY	8:00			3:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Pregnancy Care Center of Southeast Texas

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Care Center - Huntsville	
Street Address: 1215 15th Street	Suite:
City: Huntsville	County: Walker Zip Code: 77340 HSR: 6
Clinic APPOINTMENT Phone #: 936-294-0404	
Clinic PRIMARY Phone #: 936-294-0404 Fax:	
Service Area (counties to be served by this clinic site):	Angelina, Colorado, Grimes, Harris, Houston, Hunt, Leon, Liberty, Madison, Montgomery, Polk, Rusk, San Jacinto, Smith, Tarrant, Trinity, and Walker
Contact Person: Ashley Lankford	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	10:00			5:00		
TUESDAY	10:00					7:00
WEDNESDAY	10:00			5:00		
THURSDAY	10:00			5:00		
FRIDAY	10:00			1:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Pregnancy Care Center of Southeast Texas

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Grace Pregnancy Outreach	
Street Address: 1300 N Washington Avenue	Suite:
City: Livingston County: Polk Zip Code: 77351 HSR: 5	
Clinic APPOINTMENT Phone #: 936-327- 8440	
Clinic PRIMARY Phone #: 936-327- 8440	Fax:
Service Area <i>(counties to be served by this clinic site):</i> Galveston and Polk	
Contact Person: Ashley Lankford	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	Closed					
TUESDAY	10:00			2:00		
WEDNESDAY	Closed					
THURSDAY	10:00			2:00		
FRIDAY	Closed					
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Pregnancy Help Center of Williamson County

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Pregnancy Help Center of Williamson County	
Street Address:	508 FM 1460 Suite:
City: Georgetown	County: Williamson Zip Code: 78626 HSR: 7
Clinic APPOINTMENT Phone #:	512-868-0153
Clinic PRIMARY Phone #:	512-868-0153 Fax:
Service Area (counties to be served by this clinic site):	Austin, Bastrop, Bell, Burnet, Caldwell, Coleman, Hays, Lampasas, Tarrant, Travis, and Williamson
Contact Person:	Danyel Londenburg
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9:00			4:00		
TUESDAY	11:00					6:00
WEDNESDAY	9:00			4:00		
THURSDAY	9:00			2:00		
FRIDAY	Closed					
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Pregnancy Resources of Abilene

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Pregnancy Resources of Abilene	
Street Address: 2110 N. Willis Street	Suite:
City: Abilene	County: Taylor Zip Code: 79603 HSR: 2
Clinic APPOINTMENT Phone #: 325-672-6415	
Clinic PRIMARY Phone #: 325-672-6415 Fax:	
Service Area (counties to be served by this clinic site):	Anderson, Bastrop, Bexar, Brown, Burnet, Caldwell, Callahan, Cameron, Cooke, Coleman, Comanche, Dallas, Dickens, Eastland, El Paso, Erath, Fisher, Harris, Haskell, Howard, Jones, Kent, Kerr, Knox, Midland, Milam, Mitchell, Montague, Nacogdoches, Nolan, Nueces, Palo Pinto, Parker, Randall, Rockwall, Runnels, Scurry, Shackelford, Smith, Stephens, Stonewall, Tarrant, Taylor, Tom Green, Travis, Ward, Webb, Wichita, Wilbarger, Willacy, Williamson, and Young
Contact Person: Holly Orson	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	10:00			4:30		
TUESDAY	10:00			4:30		
WEDNESDAY	10:00			4:30		
THURSDAY	10:00					6:30
FRIDAY	Closed					
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: San Antonio Birth Doulas

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: San Antonio Birth Doulas	
Street Address:	Wonderland of the Americas, 4522 Fredericksburg Road, Space A-47 Suite:
City: San Antonio	County: Bexar Zip Code: 78201 HSR: 8
Clinic APPOINTMENT Phone #:	210-222-0988
Clinic PRIMARY Phone #:	210-222-0988 Fax:
Service Area (counties to be served by this clinic site):	Atascosa, Bastrop, Bexar, Comal, Dimmit, Gillespie, Gonzales, Guadalupe, Hays, Karnes, Kendall, Kerr, Medina, Tarrant, Uvalde, Williamson, and Wilson
Contact Person:	Suzanne de Leon
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:00			5:00		
TUESDAY	8:00			5:00		
WEDNESDAY	8:00			5:00		
THURSDAY	8:00			5:00		
FRIDAY	8:00			5:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: Seton Home

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Seton Home	
Street Address: 1115 Mission Road	Suite:
City: San Antonio	County: Bexar Zip Code: 78210 HSR: 8
Clinic APPOINTMENT Phone #: 210-533-3504 x229	
Clinic PRIMARY Phone #: 210-533-3504 x229 Fax:	
Service Area (counties to be served by this clinic site):	Atascosa, Bandera, Bexar, Brazos, Burnet, Calhoun, Comal, Coryell, Dallas, De Witt, Dimmit, Duval, El Paso, Frio, Gonzales, Guadalupe, Harris, Hays, Hidalgo, Howard, Jim Wells, Kendall, Kerr, Kinney, Kleberg, La Salle, Llano, Maverick, Medina, Schleicher, Tarrant, Travis, Val Verde, Webb, Willacy, Wilson, and Zavala
Contact Person: Thelma Gutierrez	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:30			4:30		
TUESDAY	8:30			4:30		
WEDNESDAY	8:30			4:30		
THURSDAY	8:30			4:30		
FRIDAY	8:30			4:30		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: St. John Paul II Life Center

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: St. John Paul II Life Center	
Street Address: 1600 W. 38th Street	Suite: 110
City: Austin	County: Travis Zip Code: 78731 HSR: 7
Clinic APPOINTMENT Phone #: 512-407-2900	
Clinic PRIMARY Phone #: 512-407-2900 Fax:	
Service Area (counties to be served by this clinic site):	Angelina, Bandera, Bastrop, Bell, Bexar, Burnet, Caldwell, Comal, Coryell, Fayette, Gonzales, Grayson, Guadalupe, Hays, Jefferson, Lubbock, Milam, Tarrant, Travis, Webb, and Williamson
Contact Person: Kimberly Speirs	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:00			3:00		
TUESDAY	8:00			3:00		
WEDNESDAY	8:00			3:00		
THURSDAY	8:00			3:00		
FRIDAY	8:00			3:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: St. Jude's Ranch for Children

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: SJRC Texas - Bulverde	
Street Address: 1400 Ridge Creek Lane	Suite:
City: Bulverde	County: Comal Zip Code: 78163 HSR: 8
Clinic APPOINTMENT Phone #: 830-885-7494	
Clinic PRIMARY Phone #: 830-885-7494 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Comal	
Contact Person: Tara Roussett	
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:00			5:00		
TUESDAY	8:00			5:00		
WEDNESDAY	8:00			5:00		
THURSDAY	8:00			5:00		
FRIDAY	8:00			5:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: St. Jude's Ranch for Children

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: SJRC Texas - New Braunfels			
Street Address: 652 Old Bear Creek			Suite:
City: New Braunfels	County: Comal	Zip Code: 78132	HSR: 8
Clinic APPOINTMENT Phone #: 830-629-0659			
Clinic PRIMARY Phone #: 830-629-0659		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Comal			
Contact Person: Tara Roussett			
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9:00			4:00		
TUESDAY	9:00			4:00		
WEDNESDAY	9:00			4:00		
THURSDAY	9:00			4:00		
FRIDAY	9:00			4:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: St. Jude's Ranch for Children

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: SJRC Texas - San Antonio			
Street Address: 8918 Tesoro Drive		Suite:	
City: San Antonio	County: Bexar	Zip Code: 78217	HSR: 8
Clinic APPOINTMENT Phone #: 210-592-1156			
Clinic PRIMARY Phone #: 210-592-1156		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Bexar, Blanco, Comal, Guadalupe, and Kendall			
Contact Person: Tara Roussett			
Provider Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Site:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:30			5:30		
TUESDAY	8:30			5:30		
WEDNESDAY	8:30			5:30		
THURSDAY	8:30			5:30		
FRIDAY	8:30			5:30		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: St Paul Lutheran Child Development Center

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: St. Paul Lutheran Child Development Center C.A.R.E Program			
Street Address: 2302 S Presa		Suite:	
City: San Antonio	County: Bexar	Zip Code: 78210	HSR: 8
Clinic APPOINTMENT Phone #: 210-534-8577			
Clinic PRIMARY Phone #: 210-534-8577		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Bexar, Guadalupe, Harris, Medina, and Wilson			
Contact Person: Deborah Stephenson			
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	6:30					6:00
TUESDAY	6:30					6:00
WEDNESDAY	6:30					6:00
THURSDAY	6:30					6:00
FRIDAY	6:30					6:00
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: St. Peter – St Joseph Children’s Home

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: St PJ’s Children’s Home			
Street Address: 919 Mission Road		Suite:	
City: San Antonio	County: Bexar	Zip Code: 78210	HSR: 8
Clinic APPOINTMENT Phone #: 210-533-1203			
Clinic PRIMARY Phone #: 210-533-1203		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Bexar			
Contact Person: Gladys Gonzalez			
Provider Site: <input checked="" type="checkbox"/> Yes		<input type="checkbox"/> No	
Mobile Site: <input type="checkbox"/> Yes		<input checked="" type="checkbox"/> No	

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:30					7:00
TUESDAY	8:30					7:00
WEDNESDAY	8:30					7:00
THURSDAY	8:30					7:00
FRIDAY	8:30			5:00		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: The Source for Women

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: The Source for Women - Galleria	
Street Address: 6009 Richmond Avenue	Suite: 130
City: Houston	County: Harris Zip Code: 77057 HSR: 6
Clinic APPOINTMENT Phone #: 713-780-0030	
Clinic PRIMARY Phone #: 713-780-0030 Fax:	
Service Area (counties to be served by this clinic site):	Austin, Bastrop, Bell, Brazoria, Chambers, Fort Bend, Galveston, Hardin, Harris, Jefferson, Liberty, Montgomery, Orange, San Jacinto, Walker, and Wharton
Contact Person: Larry Brewster	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	10:00			3:00		
TUESDAY	9:00					7:00
WEDNESDAY	10:00			3:00		
THURSDAY	10:00					6:00
FRIDAY	Closed					
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: The Source for Women

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: The Source for Women - Northeast	
Street Address: 3625 Gager Street	Suite: 101
City: Houston	County: Harris Zip Code: 77093 HSR: 6
Clinic APPOINTMENT Phone #: 713-633-2828	
Clinic PRIMARY Phone #: 713-633-2828 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Brazoria, Collin, Fort Bend, Galveston, Harris, Liberty, McLennan, Montgomery, Polk, Sabine, and San Jacinto	
Contact Person: Larry Brewster	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	10:00					7:30
TUESDAY	10:00			4:00		
WEDNESDAY	10:00			3:00		
THURSDAY	10:00			4:00		
FRIDAY	Closed					
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: The Source for Women

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: The Source for Women - Spring Branch	
Street Address: 8312 Long Point Road	Suite:
City: Houston	County: Harris Zip Code: 77055 HSR: 6
Clinic APPOINTMENT Phone #: 713-637-4141	
Clinic PRIMARY Phone #: 713-637-4141 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Brazoria, Fort Bend, Galveston, Grimes, Harris, Montgomery, San Jacinto, Victoria, Waller, and Wharton	
Contact Person: Larry Brewster	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	9:00			3:00		
TUESDAY	9:00			3:00		
WEDNESDAY	9:00			3:00		
THURSDAY	9:00			3:00		
FRIDAY	9:00			3:00		
SATURDAY	8:00			2:00	1 st & 3 rd	Saturday
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: The Way, The Truth, The Life Outreach

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Waller Pregnancy Care Center	
Street Address: 1225 Farr Street	Suite:
City: Waller	County: Waller Zip Code: 77484 HSR: 6
Clinic APPOINTMENT Phone #: 936-372-9007	
Clinic PRIMARY Phone #: 936-372-9007 Fax:	
Service Area (counties to be served by this clinic site):	Austin, Brazoria, Collin, Colorado, Dallas, Denton, Fort Bend, Grimes, Harris, Henderson, Jackson, Jefferson, Matagorda, Montgomery, Polk, San Augustine, Tarrant, Waller, Washington, and Wharton
Contact Person: Lottia Blount	
Provider Site:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Mobile Site:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY		By	Appt.	Only		
TUESDAY	10:00			5:00		
WEDNESDAY	10:00			5:00		
THURSDAY	10:00			5:00		
FRIDAY		By	Appt.	Only		
SATURDAY	Closed					
SUNDAY	Closed					



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: **Whitby Road Alliance Inc.**

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: Providence Place			
Street Address: 6487 Whitby Road			Suite:
City: San Antonio	County: Bexar	Zip Code: 78240	HSR: 8
Clinic APPOINTMENT Phone #: 210-696-2410			
Clinic PRIMARY Phone #: 210-696-2410		Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Bexar, Comal, Denton, Guadalupe, Hays, Jefferson, Kerr, Medina, Nueces, Tarrant, Travis, and Williamson			
Contact Person: Judith Bell			
Provider Site:		<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Mobile Site:		<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	8:30			5:00		
TUESDAY	8:30			5:00		
WEDNESDAY	8:30			5:00		
THURSDAY	8:30			5:00		
FRIDAY	8:30			5:00		
SATURDAY			On	Call		
SUNDAY			On	Call		



FORM J-1: ALTERNATIVES TO ABORTION PROGRAM CLINIC SITES AND HOURS

Legal Business Name: WRC Pregnancy Center of Ellis County

CLINIC SITE INFORMATION: Complete this form for **EACH** clinic site that will provide A2A program services funded under this RFA.

Clinic Name: First Look	
Street Address: 1204 Ferris Avenue	Suite: E
City: Waxahachie County: Ellis Zip Code: 75165 HSR: 3	
Clinic APPOINTMENT Phone #: 972-938-7900	
Clinic PRIMARY Phone #: 972-938-7900 Fax:	
Service Area <i>(counties to be served by this clinic site):</i> Calhoun, Dallas, Ellis, Henderson, Hill, Johnson, Kaufman, Navarro, Tarrant, Taylor, Tyler, and Van Zandt	
Contact Person: Donna Young	
Provider Site: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
Mobile Site: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CLINIC HOURS

DAY	HOURS OF OPERATION					
	Morning		Afternoon		Evening (after 5pm)	
	From	To	From	To	From	To
MONDAY	10:00			5:00		
TUESDAY	10:00			5:00		
WEDNESDAY	10:00			5:00		
THURSDAY	10:00			5:00		
FRIDAY	Closed					
SATURDAY	Closed					
SUNDAY	Closed					



FORM K: STAFF DEVELOPMENT PLAN

**Legal Business Name
of Applicant:**

Texas Pregnancy Care Network

All Applicants must conduct staff development activities to ensure staff has the knowledge, skills, and abilities to provide A2A services. The Staff Development Plan must be comprehensive, address all the topics indicated below, and be numbered as indicated.

Staff Development Plan must not exceed five (5) pages.

1. Identify personnel responsible for coordinating staff development activities. Include job titles and qualifications for each person identified.

First, it is important to note that none of TPCN's staff directly "provide A2A services". All Program services are provided by nonprofit Provider subcontractors on a fee for service basis. Therefore, TPCN is assuming that this Form K: Staff Development Plan should actually be called Form K: Subcontractor Development Plan.

TPCN's Executive Director and Program Director are responsible for coordinating TPCN's Subcontractor Development Plan. Both the Executive Director and Program Director have law degrees, and the Executive Director is licensed to practice law in Texas.

The Executive Director and Program Director also coordinate TPCN's staff training for the actual employees of TPCN.

2. Identify specific training that will be used for eligibility and billing staff.

Orientation and training are hallmarks of successful client service programs. TPCN invests significant time and energy in training its staff and its Provider network to ensure that all fully understand all Program requirements.

Mastery of Program knowledge must start with TPCN's own staff, so each new hire to TPCN goes through a minimum two week training program to ensure that they fully understand the Program. Some of the training is general Program training, and then much of it is customized to the specific job duties of the position. The Executive Director and/or Program Director provide most of the training directly and oversee the entire staff training process. Additionally, TPCN staff (none of which provide direct program services) are retrained annually on A2A guidelines, program objectives, program eligibility and services offered to ensure clear communication to clients on HHSC healthcare services available to pregnant women, A2A eligibility and application procedures.

Every new Provider subcontractor that begins to provide services for the Texas Alternative to Abortion Services Program must undergo an extensive in person onsite training session which is usually conducted by TPCN's Program Director or Executive Director at the Provider's primary location. Before they are permitted to participate in the Program, Provider's staff and volunteers



are required to undergo initial in-depth Program training in compliance, including training on client eligibility, billing processes, and the Charitable Choice Provisions applicable to TANF. Training is conducted in-person by TPCN at the Provider's location. The training lasts approximately four to six hours.

TPCN is committed to ensuring compliance with federal rules regarding the receipt of TANF funds by faith-based organizations. TPCN's Executive Director and Program Director, both trained lawyers, personally oversee the training of every Provider on TPCN's Charitable Choice Act – Faith-Based Organization Policy. That Policy is as follows:

Per the Charitable Choice Act, Providers may retain their religious character, select board members on a religious basis, and include religious references in their mission statements and other governing documents. However, if an organization conducts religious or spiritual activities, it must do so separately, in time or location, from Program-reimbursable activities. Further, written educational materials that are spiritual in nature must also be separated from secular materials wherever accessible to clients within the Provider's facilities.

In addition, TPCN requires that Providers deliver Program services using a different counselor or mentor than the person who delivers spiritual or religious services to a client. This "separate counselor" requirement is a client-centered policy that is unique to publicly-funded social services programming in Texas. It ensures clients receiving Program services never feel pressured by the person delivering those services to participate in religious activities.

If a client does elect to participate in religious activities, she must sign a consent form expressing she does so freely, and understands that she is still eligible for Program services even if she opts out of religious services at any time. This informed consent must be obtained by the Provider before spiritual services can begin.

Once training is complete, Provider staff must certify that they have undergone required background checks, which must be renewed annually. Other staff certifications, including agreements to follow policies on non-discrimination, confidentiality, and limited English, are also required before any individual is permitted to deliver Program-reimbursable services. Each counselor/educator must be fully trained by their Provider on how to implement their own policies and procedures to ensure that best-in-class services are being provided. TPCN reviews all Provider training materials as a part of each Provider's onboarding. Finally, each counselor/educator must certify that he/she has read the entire 132 page BriteWorks Program Compliance Manual in full prior to billing for any services.

In addition to their initial training, all Providers must also attend annual retraining to review Program requirements and compliance measures, and to receive instruction on new requirements, if any. Additionally, TPCN offers specialized training for the management team of Providers so that they can monitor their billing activities. TPCN also offers specialized training for maternity homes, Providers serving adoptive parents, and Providers that regularly conduct classes with more than 10 students in a class. Finally, additional trainings are provided when new leadership emerges at a Provider, or when unusually large negotiations affect a Provider's billings.

TPCN generally relies on Provider subcontractors to train new staff hires, but TPCN does provide tools such as training videos and the Program Compliance Manual to assist with these trainings.



If a Provider is expanding and hires multiple persons at once, the Provider may request an additional in-person training from TPCN.

Orientation and training of TPCN staff and subcontracted Providers receives the highest of priorities from TPCN. Twelve years of experience has shown TPCN the importance of conducting extensive upfront and ongoing training. This investment “pays dividends” down the road in terms of less compliance issues going forward. TPCN will continue to hold extensive training sessions for new staff and Providers in the follow on contract, including multiple required re-trainings every fiscal year.

3. Describe how training needs assessments are conducted. Specify how the assessment is used to generate a staff development plan. Specify how training activities for staff are tied to quality management review findings.

TPCN conducts training need assessments in at least two different ways. First, TPCN organizes annual and regional conferences held for Providers. TPCN’s annual conference is an opportunity for Providers to bring their counselors and educators together for a few days to receive education and training from renowned experts in delivery of client services. TPCN offers Continuing Education Units for licensed counselors in attendance. The annual conference also provides an opportunity for Providers to get to know others providing services in the Program and exchange best practices. TPCN conducts satisfaction surveys of attendees, and has received a rating of 4.8 on a 5.0 scale the last two years.

Regional conferences are primarily networking events of a few hours in a regional area so that Providers can find solutions to regional issues they are facing. In the Spring, TPCN will be hosting a series of regional conferences in different HHSC regions so that Providers in those areas can get together to network and tackle regional issues.

The topics that are presented at the annual and regional conferences come from an assessment of needs in the Network. Sometimes these needs come from emerging topics that the Network needs to understand, such as sex trafficking. Recently, both our annual and regional conferences have included experts to help Providers identify victims of sex trafficking. Other need assessments come from studies and best practices in offering Alternative to Abortion services. A client is going to best supported with alternatives to abortion if a Provider is able to maintain a long-term relationship with a client, to help them with options counseling, and then understanding a healthy pregnancy, and then understanding the childbirth process, and then understanding breast feeding, and then understanding successful parenting, and so on. By providing experts in these fields, TPCN is equipping its Network to best serve their long term needs.

Assessments of needs also come from invoice negotiation trends that TPCN studies. If a certain billing practice is causing extensive negotiations of invoices for a Provider, this identifies a training need for that Provider. That training need will be addressed both with the individual Provider(s) that are struggling with the issue, but may also be addressed system wide to proactively help Providers anticipate and curtail these issues.



4. Describe procedures and documentation for staff annual performance review. Specify how the staff development plan incorporates review outcomes to further develop knowledge, skills and abilities to provide A2A services.

The Executive Director and Program Director conduct an annual review of Providers in the network at the end of the 3rd Quarter and beginning of the 4th Quarter of each fiscal year. Part of this review is an analysis of billing trends and negations, which helps TPCN identify whether additional training is necessary for that Providers. But the annual review also provides a feedback loop as to how TPCN is doing managing the Program, as well as any particular needs that the Provider may have in the way of developing knowledge, skills and abilities. TPCN notes this feedback, and particularly when multiple Providers give the same feedback, will incorporate additional training resources into upcoming training sessions, or annual or regional conferences.



FORM K-1: STAFF DEVELOPMENT TRAINING CALENDAR

**Legal Business Name
of Applicant:**

Texas Pregnancy Care Network

Applicant must complete the calendar below listing all staff orientation, training, and in-service activities for March 1, 2018 through August 31, 2019, including training for volunteers, if applicable.

Applicant's staff development calendar must include:

1. Training twice annually on current A2A guidelines.
2. At least one training for front line staff on A2A program objectives, program eligibility, and services offered to ensure clear communication to clients on HHSC healthcare services available to pregnant women.
3. Training twice annually to staff on A2A eligibility screening and application procedures.

This form is provided as guidance. The Applicant may use their own form but the information below must be included in Applicant's form. Label Form K-1.

Date	Topic / Activity	Presenter	Location (select one)	
			Within Agency	Outside Training
3/1/18	For Provider subcontractors: A2A guidelines, program objectives, program eligibility and services offered to ensure clear communication to clients on HHSC healthcare services available to pregnant women, A2A eligibility and application procedures	Program Director	X	
5/15/18 – 6/15/18	For Provider subcontractors: 3-4 Regional conferences to highlight substantive subject matter to enrich Program offerings (CEUs offered), and to coordinate best resources on a regional level	Executive Director and Outside experts	X	
8/15/18 – 8/31/18	For Provider Subcontractors: Annual training including A2A guidelines, program objectives, program eligibility and services offered to ensure clear communication to clients on HHSC healthcare services available to pregnant women,	Program Director and/or Executive Director	X	



	A2A eligibility and application procedures			
10/17/18 – 10/19/18	For Provider Subcontractors: TPCN's Annual Provider Conference to highlight substantive subject matter to enrich Program offerings (CEUs offered), and to coordinate best practices	Executive Director and Outside experts	X	
Nov – Dec 2018	For TPCN Staff: Annual training on A2A guidelines, program objectives, program eligibility and services offered to ensure clear communication to clients on HHSC healthcare services available to pregnant women, A2A eligibility and application procedures	Program Director	X	
1/8/2019	For Provider Subcontractors: Leadership Summit convenes leadership teams of Providers to talk about Program growth and expansion opportunities, and best practices	Executive Director	X	
3/1/19	For Provider Subcontractors: A2A guidelines, program objectives, program eligibility and services offered to ensure clear communication to clients on HHSC healthcare services available to pregnant women, A2A eligibility and application procedures	Program Director	X	
5/15/19 – 6/15/19	For Provider Subcontractors: 3-4 Regional conferences to highlight substantive subject matter to enrich Program offerings (CEUs offered), and to coordinate best resources on a regional level	Executive Director and Outside experts	X	
8/15/19 – 8/31/19	For Provider Subcontractors: Annual training including A2A guidelines, program objectives, program eligibility and services offered to ensure clear communication to clients on HHSC healthcare services available to pregnant women, A2A eligibility and application procedures	Program Director and/or Executive Director	X	





FORM N: ALTERNATIVES TO ABORTION PROGRAM FUNDING REQUEST AND PROPOSED NUMBER OF UNDUPLICATED CLIENTS

Legal Business Name: Texas Pregnancy Care Network

THIS FORM MUST BE COMPLETED FOR EACH CLINIC SITE WHERE A CLIENT WILL RECEIVE SERVICES

Alternatives to Abortion (A2A) Grantees may seek reimbursement for project costs using the following methods:

- Grantees will be reimbursed using the Direct Client Services reimbursement method by submitting monthly claims to HHSC for direct clinical care services provided to Clients; and
- Grantees will be reimbursed for Administrative costs services by submitting monthly vouchers for expenses detailed in the administrative costs budget attached to a Grantee's contract.

NOTE: Applicants may request up to 100% of their total funding request to be reimbursed through the Direct Client Services reimbursement method. However, the administrative costs amount requested may not exceed 10% of Applicant's total proposed funding request and ultimately, its funding award.

Enter the amount of funds requested in the boxes below:

Direct Client Services Amount	See attached
Cost Reimbursement Amount	See attached
Total Amount	See attached

The number of Unduplicated Clients an Applicant intends to serve through the A2A program will be used to assess, in part, the Applicant's effectiveness in providing the proposed services under the contract resulting from this RFA. This number is the estimated total number of Unduplicated Clients to whom the Applicant will provide services at the proposed clinic sites. Use the following average cost per Client OR submit an explanation of the average used by the agency: **\$373.00**.

Enter the estimated number of Unduplicated Clients to be served during the term of the contract, categorized by State Fiscal Year in the table below.

Period of Time	Proposed Number of Unduplicated Clients
March 15, 2018 – August 31, 2018 -- FY'18	See attached
September 1, 2018 – August 31, 2019 -- FY'19	See attached
Total Number	See attached

Applicants must provide an explanation/justification if the average cost per Client exceeds the statewide average of \$373.

See attached



Provider Subcontractor	Direct Client Services Amount	Reimbursement Amount	Cost Amount	Total Amount	Proposed Number of Unduplicated Clients		Total Number of Unduplicated Clients	*
					3/15/18 - 8/31/18	9/1/18 - 8/31/19		
1st Choice Pregnancy Resource Center	\$344,356	\$0	\$0	\$344,356	389	1414	1803	
A Woman's Haven	\$127,922	\$0	\$0	\$127,922	237	859	1096	
American Indians in Texas	\$167,874	\$0	\$0	\$167,874	89	322	411	*
Anchor Point	\$300,079	\$0	\$0	\$300,079	156	565	721	*
Annunciation Maternity Home	\$3,233,948	\$0	\$0	\$3,233,948	90	328	418	*
Austin LifeCare	\$305,035	\$0	\$0	\$305,035	248	901	1149	
Birth Choice	\$390,653	\$0	\$0	\$390,653	291	1058	1349	
Bridges Safehouse, Inc.	\$82,184	\$0	\$0	\$82,184	28	100	128	*
Care Center - Huntsville	\$107,182	\$0	\$0	\$107,182	103	372	475	
Care Net of Central Texas	\$1,230,867	\$0	\$0	\$1,230,867	1242	4512	5754	
Care Net Pregnancy Resource Center of Dumas	\$25,345	\$0	\$0	\$25,345	28	102	130	
Catholic Charities of Central Texas	\$589,379	\$0	\$0	\$589,379	211	767	978	*
Catholic Charities of Dallas	\$175,946	\$0	\$0	\$175,946	110	398	508	
Catholic Charities of the Archdiocese of Galveston-Houston	\$640,930	\$0	\$0	\$640,930	210	761	971	*
Catholic Charities of the Rio Grande Valley	\$45,402	\$0	\$0	\$45,402	32	116	148	
Catholic Charities, Archdiocese of San Antonio	\$373,810	\$0	\$0	\$373,810	133	482	615	*
Central Texas Life Care	\$89,198	\$0	\$0	\$89,198	176	638	814	
Children & Family Institute	\$1,317,936	\$0	\$0	\$1,317,936	352	1277	1629	*
Children's Connections Inc.	\$1,221,058	\$0	\$0	\$1,221,058	191	692	883	*
ChristianWorks	\$7,403	\$0	\$0	\$7,403	6	22	28	
Community Family Ctrs	\$297,095	\$0	\$0	\$297,095	266	531	797	
Corpus Christi Hope House	\$324,937	\$0	\$0	\$324,937	292	1061	1353	
Expectant Heart Pregnancy Resource Center	\$1,105,816	\$0	\$0	\$1,105,816	202	732	934	*
Family Care Connection	\$994,596	\$0	\$0	\$994,596	876	3183	4059	



Provider Subcontractor	Direct Client Services Amount	Reimbursement Amount	Cost	Total Amount	Proposed Number of Unduplicated Clients		Total Number of Unduplicated Clients	*
					3/15/18 - 8/31/18	9/1/18 - 8/31/19		
Family Promise of Lubbock	\$752	\$0	\$0	\$752	2	7	9	
First Look	\$145,214	\$0	\$0	\$145,214	146	529	675	
Foundation for Life	\$8,472	\$0	\$0	\$8,472	21	74	95	
Gladney Center for Adoption	\$7,135	\$0	\$0	\$7,135	8	29	37	
Hope Cottage	\$525,023	\$0	\$0	\$525,023	249	905	1154	*
Hope Mansion	\$101,452	\$0	\$0	\$101,452	26	93	119	*
Houston Pregnancy Help Center	\$1,286,305	\$0	\$0	\$1,286,305	1632	6094	7726	
Involved for Life	\$288,415	\$0	\$0	\$288,415	350	1270	1620	
Life Choices Medical Clinic	\$200,006	\$0	\$0	\$200,006	466	1693	2159	
Living Alternatives of Jacksonville	\$191,617	\$0	\$0	\$191,617	128	465	593	
Living Alternatives of Palestine	\$544,453	\$0	\$0	\$544,453	204	741	945	*
Loreto House	\$200,433	\$0	\$0	\$200,433	123	447	570	
Low Birth Weight Development Center	\$124,164	\$0	\$0	\$124,164	40	145	185	*
Metroplex Women's Clinic	\$724,172	\$0	\$0	\$724,172	1109	4030	5139	
Our Lady of the Angels Maternity Shelter	\$40,696	\$0	\$0	\$40,696	23	84	107	*
Paris Pregnancy Care Center	\$275,331	\$0	\$0	\$275,331	156	565	721	*
Pregnancy Help Center of Lufkin	\$522,167	\$0	\$0	\$522,167	352	1279	1631	
Pregnancy Help Center of Williamson County	\$80,643	\$0	\$0	\$80,643	62	223	285	
Pregnancy Resources of Abilene	\$230,424	\$0	\$0	\$230,424	679	2466	3145	
Providence Place	\$244,987	\$0	\$0	\$244,987	452	45	497	*
Raffa Clinic	\$239,161	\$0	\$0	\$239,161	263	956	1219	
San Antonio Birth Doulas	\$522,432	\$0	\$0	\$522,432	196	712	908	*
Seton Home	\$1,721,382	\$0	\$0	\$1,721,382	327	1188	1515	*
SJRC Texas	\$804,479	\$0	\$0	\$804,479	23	84	107	*



Provider Subcontractor	Direct Client Services Amount	Reimbursement Amount	Cost	Total Amount	Proposed Number of Unduplicated Clients		Total Number of Unduplicated Clients	*
					3/15/18 - 8/31/18	9/1/18 - 8/31/19		
St Paul Lutheran	\$297,095	\$0	\$0	\$297,095	266	531	797	
St PJ's Childrens Home	\$297,095	\$0	\$0	\$297,095	266	531	797	
St. John Paul II Life Center	\$168,183	\$0	\$0	\$168,183	184	667	851	
The Life Center	\$708,228	\$0	\$0	\$708,228	735	2669	3404	
The Open Door Pregnancy Center	\$146,060	\$0	\$0	\$146,060	172	625	797	
The Source for Women	\$405,652	\$0	\$0	\$405,652	484	1759	2243	
Waller Pregnancy Care Center	\$652,001	\$0	\$0	\$652,001	191	694	885	*
New Provider	\$280,589	\$0	\$0	\$280,589	221	531	752	
New Provider	\$280,589	\$0	\$0	\$280,589	221	531	752	
New Provider	\$264,084	\$0	\$0	\$264,084	177	531	708	
New Provider	\$264,084	\$0	\$0	\$264,084	177	531	708	
New Provider	\$247,579	\$0	\$0	\$247,579	133	531	664	
New Provider	\$247,579	\$0	\$0	\$247,579	133	531	664	
New Provider	\$231,074	\$0	\$0	\$231,074	89	531	620	
New Provider	\$231,074	\$0	\$0	\$231,074	89	531	620	
New Provider	\$214,568	\$0	\$0	\$214,568	68	531	599	
New Provider	\$165,053	\$0	\$0	\$165,053		443	443	
New Provider	\$148,547	\$0	\$0	\$148,547		398	398	
New Provider	\$132,042	\$0	\$0	\$132,042		354	354	
New Provider	\$115,537	\$0	\$0	\$115,537		310	310	
New Provider	\$99,032	\$0	\$0	\$99,032		266	266	
New Provider	\$82,526	\$0	\$0	\$82,526		221	221	
New Provider	\$66,021	\$0	\$0	\$66,021		177	177	
New Provider	\$52,021	\$0	\$0	\$52,021		140	140	



Provider Subcontractor		Direct Client Services		Cost Reimbursement		Proposed Number of Unduplicated Clients		Proposed Number of Unduplicated Clients		Total Number of Unduplicated Clients	Total Number of Unduplicated Clients
		Amount		Amount		3/15/18 - 8/31/18		9/1/18 - 8/31/19			
Total		\$28,324,575		\$0		\$28,324,575		16,601		59,881	76,482
* Provider Subcontractors consist of Maternity Homes/Residential Units, Adoption Agencies, Social Service Agencies, and Pregnancy Centers. Some types of Providers (e.g. Maternity Homes, and other types of Providers) may provide multiple services a day or week, and so have a much higher cost per participant than other types of Providers.											

EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE (ALTERNATIVES TO ABORTION CERTIFICATION)

**Legal Business Name
of Applicant:**

Texas Pregnancy Care Network

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Texas Pregnancy Care Network

Provider's primary billing address:

Street Address 1101 South Capital of Texas Highway, Building K, Suite 250

Street Address City/State/Zip Code Austin, Texas 78746

Telephone Number 512.637.7011

Provider's primary physical address:

Street Address _____

Street Address City/State/Zip Code _____

Telephone Number _____

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term **"Affiliate"** means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term **"Elective Abortion"** does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term **"Promote"** means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is John McNamara. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked “true,” indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1/30/18 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature:  _____

Printed Name: John McNamara

Title: Executive Director

Date: January 30, 2018

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

**Legal Business Name
of Applicant:**

A Woman's Haven, Inc.

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name A Woman's Haven, Inc.

Provider's primary billing address:

Street Address 8647 Wurzbach Rd. Ste. C

Street Address City/State/Zip Code San Antonio, Tx. 78240

Telephone Number 210-224-2902

Provider's primary physical address:

Street Address Same as above

Street Address City/State/Zip Code _____

Telephone Number _____

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is Susan Perez. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 01.31.18 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: Susan Sw

Printed Name: Susan Perez

Title: Executive Director

Date: 01.31.18

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

Legal Business Name
of Applicant:

Right to Life of Tarrant County, Inc.

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name 181 Choice Pregnancy Resource Center

Provider's primary billing address:

Street Address 602 Main St.

Street Address City/State/Zip Code Tarrant County, TX 75001

Telephone Number 903-797-5735

Provider's primary physical address:

Street Address Same

Street Address City/State/Zip Code _____

Telephone Number _____

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

My name is Kristie Wright. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

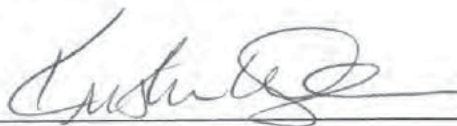
Effective Date of Certification 1/9/18 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: _____



Printed Name: _____

Kristie Wright

Title: _____

Executive Director

Date: _____

1/9/18

EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE (ALTERNATIVES TO ABORTION CERTIFICATION)

**Legal Business Name
of Applicant:**

American Indians in Texas at the Spanish Colonial Missions

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Ramon Vasquez

Provider's primary billing address:

Street Address 1313 Guadalupe St Suite 104

Street Address City/State/Zip Code San Antonio, TX 78207

Telephone Number (210) 227-4940

Provider's primary physical address:

Street Address _____

Street Address City/State/Zip Code _____

Telephone Number _____

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "*Affiliate*" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "*Elective Abortion*" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "*Promote*" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is Ramon Vasquez. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1/23/18 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: _____

Printed Name: _____

Title: _____

Date: _____

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**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

Legal Business Name
of Applicant:

Anchor APM Outreach, Inc
Colba Anchor Point

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Anchor Point

Provider's primary billing address:

Street Address 103 Davis Rd #B

Street Address City/State/Zip Code League City TX 77573

Telephone Number 832 632 1221

Provider's primary physical address:

Street Address Same

Street Address City/State/Zip Code _____

Telephone Number _____

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

All individual or entity that has a legal relationship with another entity, which relationship is created or governed by all of the written provisions that shall include:

1. corporate ownership, management, or control;
2. a partnership; or
3. the granting or acceptance of a license or other agreement that authorizes the affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "Affiliate instruments" referenced above shall include a certificate of affiliation, a franchise agreement, standards of affiliation, license, or a license, but do not include agreements related to participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or administrative practice agreement.

The term "Elective Abortion" does not include an elective procedure that is performed under the State's Maternal Program.

The term "Provider" means advertising, financing, representing, or performing elective abortion by an example: making alternative access to secure elective abortion services for a physician to perform (AA) or other person; making an appointment, scheduling, consent for elective abortion, arranged for transport, payment, a reduction in an elective abortion procedure fee, or arranging or scheduling an elective abortion procedure; however, the term does not include providing under the patient's request, medical, factual information and persuasive information relating the moral, ethical, religious, or other relevant information about a provider, including or displaying to a AA Program client information that prohibits or advertises an elective abortion service or provider, or using, displaying, or operating under a business name, trademark, service mark, or registered identification mark of an organization that performs or provides elective abortions.

Texas Pregnancy Care Network

My name is Debbie Simmons. I am the provider or, if the provider is an organization, I am the provider's (title or position) CEO. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network


If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1/9/18 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: 

Printed Name: D.A. Simmons

Title: CEO

Date: 1/9/18

EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE (ALTERNATIVES TO ABORTION CERTIFICATION)

**Legal Business Name
of Applicant:**

Annunciation Maternity Home

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Annunciation Maternity Home

Provider's primary billing address:

Street Address 3610 Shell Road

Street Address City/State/Zip Code Georgetown, Texas 78628

Telephone Number 512-864-7755

Provider's primary physical address:

Street Address same as above

Street Address City/State/Zip Code _____

Telephone Number _____

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term **"Affiliate"** means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term **"Elective Abortion"** does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term **"Promote"** means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is Christie Aaronson. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ ~~X~~ affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ ~~X~~ affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ ~~X~~ affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ ~~X~~ affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ ~~X~~ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked “true,” indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 01/22/18 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: Christie Aaronson

Printed Name: Christie Aaronson

Title: Executive Director

Date: 01/22/18

Texas Pregnancy Care Network

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

**Legal Business Name
of Applicant:**

Austin Life care

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Austin Life care

Provider's primary billing address:

Street Address 1215 W. Anderson Ln

Street Address City/State/Zip Code Austin TX 78735

Telephone Number 512 374 0055

Provider's primary physical address:

Street Address 1215 W. Anderson Ln

Street Address City/State/Zip Code Austin TX 78735

Telephone Number 512 374 0055

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is Andy Schoonover. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

Texas Pregnancy Care Network

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

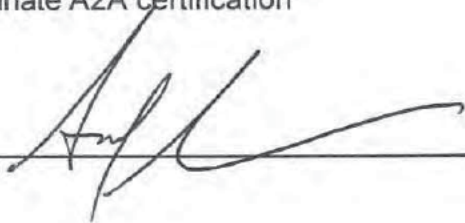
Effective Date of Certification 1/23/18 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: _____



Printed Name: _____

Andrew Schoonover

Title: _____

Executive Director

Date: _____

1/23/18

Texas Pregnancy Care Network

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

**Legal Business Name
of Applicant:**

CATHOLIC CRISIS PREGNANCY CENTERS OF DALLAS

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name BIRTH CHOICE DALLAS

Provider's primary billing address:

Street Address 8610 GREENVILLE AVE STE 200

Street Address City/State/Zip Code DALLAS, TX 75243

Telephone Number 214-631-2402

Provider's primary physical address:

Street Address 8610 GREENVILLE AVE STE 200

Street Address City/State/Zip Code DALLAS, TX 75243

Telephone Number 214-631-2402

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "*Affiliate*" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "*Elective Abortion*" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "*Promote*" means advancing, furthering, advocating, or popularizing elective abortion by, for example:

taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is RYAN HARKINS. I am the provider or, if the provider is an organization, I am the provider's (title or position) EXECUTIVE DIRECTOR. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

Texas Pregnancy Care Network

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 01/23/18 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: 

Printed Name: RYAN HARKINS

Title: EXECUTIVE DIRECTOR

Date: 01/23/18

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

Legal Business Name
of Applicant:

Bridges Safehouse, Inc.

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Bridges Safehouse

Provider's primary billing address:

Street Address 220 W. Beltline Rd.

Street Address City/State/Zip Code Cedar Hill, TX 75104

Telephone Number 214 926 2384 cell 469-272-4441 office

Provider's primary physical address:

Street Address 306 Hardy St.

Street Address City/State/Zip Code Cedar Hill, TX 75104

Telephone Number _____

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

an individual or entity that has a legal relationship with another entity, which relationship is created or provided by at least one of the following: ownership, control, or influence.

1. ownership, control, or influence;

2. a franchise; or

3. the entering or execution of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written agreement" referenced above may include a certificate of affiliation, a franchise agreement, a license of affiliation, license, or a license that is not a franchise agreement related to a permanent participation in a program of affiliation, such as a hospital group agreement, staffing agreement, management agreement, or other similar agreement.

The term "Elective Abortion" shall refer to an abortion procedure that is performed under the state's medical exception.

The term "Provider" means individuals, for the purpose of performing or providing elective abortion by a provider, taking affirmative action to provide elective abortion services for a provider to provide a provider with such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, providing a referral to an elective abortion provider, or arranging or scheduling an elective abortion procedure; however, the term shall not include providing such the provider's request, medical history information and instructions concerning the provider's request, schedule, services, consent and other relevant information about a provider, assisting in the delivery to a provider, direct information that pertains or pertains to an elective abortion service or provider, or being, acting, or appearing under a brand name, trademark, service mark, or registered identification mark of an organization that performs or provides elective abortion.

My name is Nicole Hernandez. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1/9/18 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: Nicole Hernandez

Printed Name: Nicole Hernandez

Title: Executive Director

Date: Jan. 9, 2018

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

Legal Business Name
of Applicant:

Care Net ~~Waco~~ Pregnancy Center
of Central Texas

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Care Net

Provider's primary billing address:

Street Address 800 W. Waco Dr.

Street Address City/State/Zip Code Waco, TX 76701

Telephone Number 254-772-8270

Provider's primary physical address:

Street Address Same

Street Address City/State/Zip Code _____

Telephone Number _____

DEFINITIONS

For the purposes of this certification, the following terms are defined as follows:

The term "foreign interest" means:

An interest in equity that has a legal relationship with another entity, which relationship is created or governed by an interest within jurisdiction that has no relation to the United States.

1. ownership, management, or control;

2. a right to vote;

3. the granting or extension of a license or other agreement that authorizes the Affirmant to use the other party's brand name, trademark, service mark, or other registered or unregistered mark.

The "foreign interest" referenced above may include a certificate of affiliation, a franchise agreement, an affiliation or affiliation, license, or a license, but do not include agreements related to a physician's participation in a private or group practice, such as a hospital group agreement, staffing agreement, management agreement, or administrative practice agreement.

The term "elective abortion" means the procedure for abortion that is non-invasive, such as the Mifepristone procedure.

The term "abortion" means performing, facilitating, advocating, or participating in the abortion by, for example, taking affirmative action to secure elective abortion services for a patient; arranging for transportation, registering a patient in an elective abortion; providing, or arranging or facilitating, an elective abortion procedure; ensuring the patient does not receive counseling upon the patient's request; failing to provide information and counseling concerning fetal development, viability, or other matters; and other actions that result in a patient's obtaining or attempting to obtain an elective abortion. This term includes the provision of information or services for the abortion services or provider of using, displaying, or displaying, under a brand name, trademark, service mark, or registered identification mark of an organization that performs or provides elective abortions.

My name is Deborah Morgan I am the provider or, if the provider is an organization, I am the provider's (title or position) CEO. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1-9-18 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: 

Printed Name: Deborah McGregor

Title: CED

Date: 1-9-18

**Legal Business Name
of Applicant:**

Dumas Crisis Pregnancy Center

Provider Name Care Net Pregnancy Resource Center of Dumars

Street Address 1315 Lark Ave

Street Address City/State/Zip Code Dumas, TX 79029

Telephone Number 801 - 935-3549

Street Address

Street Address City/State/Zip Code

Telephone Number

NEW 1200-POWER TO DIE BEFORE THE SUN **1990-91** **1200-POWER TO DIE BEFORE THE SUN**

[illegible]

23. I am not a member of any political party, organization, or association, nor do I have any political affiliations.

1. owner, manager, member, or control
2. affiliated or
3. negotiating or entering into a lease or other agreement that requires the SBA to use the offer made
4. to acquire, purchase, or otherwise obtain registered identification mark.

The "written instrument(s)" referred to above may include a certificate of title, a purchase agreement, mortgage commitment, ledger, or a contract, but it does include agreements related to a property's performance as a payment plan working under a private group agreement, listing agreement, courseware agreement, or a future or future relationship.

[illegible]

System "Access" could involve, without, however, or completing above stated by the system, taking operation actions as stated in the situation, as well as a possibility to act on it. A system can be used as means of operation, whether subject to the above system, bringing its capabilities, regulating a matter in a specific situation providing or changing or extending an initial situation provided. However, the term does not include providing any information beyond initial, basic information and providing information including the data, which, however, neither and over stated information does a person. The ability or capacity of a system providing information and analysis or evaluation, either subject to the action or provision or using, depending or depending on a final result, including, service, mark, or the other, that follow, mark of an organization and business or otherwise a service situation.

My name is Monica Sullivan. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1/9/2018 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: 

Printed Name: Monica Sullivan

Title: Executive Director

Date: 1/9/2018

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

**Legal Business Name
of Applicant:**

Catholic Charities, Archdiocese of San Antonio, Inc.

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name _____

Provider's primary billing address:

Street Address 202 W. French Place

Street Address City/State/Zip Code San Antonio TX 78212

Telephone Number 210-222-1294

Provider's primary physical address:

Street Address _____

Street Address City/State/Zip Code _____

Telephone Number _____

DEFINITIONS

For the purposes of this certification, the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity which relationship is subject to control or government by or over the other entity, including but not limited to:

1. ownership, ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, business, service mark, or other registered identification mark.

The "Affiliate information" information above may include a certificate of formation, a franchise agreement, standards of affiliation, license, or a license, but not include information related to a provider's participation in a physician group practice, hospital group agreement, staffing agreement, management agreement, or administrative practice agreement.

The term "Elective abortion" does not include an abortion procedure that is performed under the State's Medical Program.

The term "Provider" means advertising, recruiting, identifying, or performing elective abortion by, or through, making affirmative action to secure elective abortion services for a Alternatives to Abortion (ATA) Program clinic (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, requesting a referral, or an elective abortion procedure, or performing or performing an elective abortion procedure); however, the term does not include providing, upon the patient's request, medical, factual information and non-directive counseling, including the risks, benefits, and other relevant information about a provider, advertising or displaying in a ATA Program clinic information that relates to or advertises an elective abortion service or provider, or using, displaying, or displaying under a brand name, trademark, service mark, or registered identification mark of an organization that performs or provides elective abortions.

My name is Nari Stewart. I am the provider or, if the provider is an organization, I am the provider's (title or position) Deputy Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 01/09/18 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: Nari Stewart

Printed Name: Nari Stewart

Title: Deputy Director

Date: 01/09/18

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

Legal Business Name
of Applicant:

Catholic Charities of Central Texas

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Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Gabriel Project Life Center

Provider's primary billing address:

Street Address 1625 Rutherford Ln.

Street Address City/State/Zip Code Austin, TX 78754

Telephone Number 512-651-6100

Provider's primary physical address:

Street Address 1625 Rutherford Lane

Street Address City/State/Zip Code Austin TX 78754

Telephone Number 512-651-6100

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example, taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider, furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider, or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or promotes elective abortions.

My name is Sara Ramirez. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 01/11/2018 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: _____

Printed Name: _____

Title: _____

Date: _____

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

**Legal Business Name
of Applicant:**

Catholic Charities Dallas

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Catholic Charities Dallas

Provider's primary billing address:

Street Address 1421 W. Mockingbird Lane

Street Address City/State/Zip Code Dallas, Texas 75247

Telephone Number 214-520-6590

Provider's primary physical address:

Street Address 1421 W. Mockingbird Lane

Street Address City/State/Zip Code Dallas, Texas 75247

Telephone Number 214-520-6590

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is David Woodyard. I am the provider or, if the provider is an organization, I am the provider's (title or position) CEO/Catholic Charities. I am of Dallas sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 01/23/2018 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: _____

Printed Name: David Woodyard

Title: President/CEO Catholic Charities Dallas

Date: 01/23/2018

EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE (ALTERNATIVES TO ABORTION CERTIFICATION)

Legal Business Name
of Applicant:

Catholic Charities of the Archdiocese of Galveston-Houston

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Catholic Charities of the Archdiocese of Galveston-Houston

Provider's primary billing address:

Street Address 2815 Fannin St

Street Address City/State/Zip Code Houston TX 77002

Telephone Number 713-874-8512

Provider's primary physical address:

Street Address same

Street Address City/State/Zip Code _____

Telephone Number _____

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example, taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

My name is Ernesto Lopez. I am the provider or, if the provider is an organization, I am the provider's (title or position) Director of Counseling Services. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 01/24/2018 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Page 4 of 4

**Legal Business Name
of Applicant:**

Catholic Charities of the Rio Grande Valley

Provider Name

Catholic Charities of the Rio Grande Valley

Provider's primary billing address:

P.O. BOX 1304

Street Address

700 Virgende San Juan Blvd.

Street Address City/State/Zip Code

San Juan, Tx 78589

Telephone Number

956 - 702 - 4088

Street Address

700 Virgen de San Juan Blvd.

Street Address City/State/Zip Code

San Juan, Tx 78589

Telephone Number

956-702-4088

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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE

1. General membership, management, structure
2. Structure of
3. On granting or extension of a license to any person or firm to carry on a business in the State of New York, the Commission shall consider the following factors:

[illegible]

THE INFORMATION CONTAINED HEREIN IS UNCLASSIFIED EXCEPT WHERE SHOWN OTHERWISE

[illegible]

My name is Norma Pimentel. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1/9/18 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: 

Printed Name: NORMA PIMENTEL

Title: Executive Director

Date: 1/9/18

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

**Legal Business Name
of Applicant:**

Pregnancy Care Center Southeast TX

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Care Center - Huntsville

Provider's primary billing address:

Street Address 1215 15th St PO Box 7125

Street Address City/State/Zip Code Huntsville TX 77342

Telephone Number 936-294-0404

Provider's primary physical address:

Street Address 1215 15th Street

Street Address City/State/Zip Code Huntsville TX 77340

Telephone Number 936-294-0404

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "**Affiliate**" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "**Elective Abortion**" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "**Promote**" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is Ashley Lankford. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1/23/18 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: 

Printed Name: Ashley Lankford

Title: Executive Director

Date: 1/23/18

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

**Legal Business Name
of Applicant:**

Central Texas LifeCare

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Central Texas LifeCare

Provider's primary billing address:

Street Address P.O. 115 Warden Lane P.O. Box 304

Street Address City/State/Zip Code San Marcos, Texas 78666

Telephone Number 512-396-3020

Provider's primary physical address:

Street Address 115 Warden Lane

Street Address City/State/Zip Code San Marcos, TX 78666

Telephone Number 512-396-3020

DEFINITIONS

For the purposes of this certification, the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity which relationship is created or governed by a legal or written agreement that includes any of the following:

1. ownership, ownership, management or control;
2. a franchise; or
3. the granting of ownership of a portion or other systems and methods that include the Affiliates to the other entity's brand name, trademark, service mark, or other intellectual identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, a partnership agreement, a deed, or a license, but it will include agreements related to a physician's certification or a physician's group practice with an in-house clinic agreement, staffing agreement, knowledge agreement, or administrative function agreement.

The term "Clinical Abortion" does not include an abortion procedure that is performed pursuant to a medical program.

The term "Pro-life" means advertising, marketing, promoting, or publishing elective abortion by, for example, using alternative means to secure elective abortion services for a Alternative to Abortion (ATA) Program, including, but not limited to, advertising, marketing, promoting, or publishing elective abortion services, including for transportation, including a need for an elective abortion provider, for, or arranging or scheduling an elective abortion procedure. However, the term does not include providing such the patient's medical needs, financial resources and reproductive health care, including the name, address, telephone number, and other relevant information about a provider, a physician or physician's ATA. Pro-life does not include any publication or advertisement of elective abortion services or providers, including, but not limited to, advertising, marketing, promoting, or publishing such the patient's medical needs, financial resources and reproductive health care, including the name, address, telephone number, and other relevant information about a provider, a physician or physician's ATA.

My name is Cheri Martin. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 01/09/18 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: Cheri Martin

Printed Name: Cheri Martin

Title: Executive Director

Date: 01/09/18

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

Legal Business Name
of Applicant:

Children And Family Institute, Inc.

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Children And Family Institute

Provider's primary billing address:

Street Address 5787 So. Hampton Suite 360

Street Address City/State/Zip Code Dallas, Texas 75232

Telephone Number 214-337-9979

Provider's primary physical address:

Street Address 5787 So. Hampton Suite 360

Street Address City/State/Zip Code Dallas, Texas 75232

Telephone Number 214-337-9979

DEFINITIONS

For the purposes of this certification, the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by or based on an affiliation with another business organization.

1. ownership, ownership, management, or control;
2. a franchise; or
3. the granting or acceptance of a license or other agreement that authorizes the Affiliate to use the other entity's

brand name, trademark, service mark, or registered identification mark.

The "Affiliate network" referenced above may include a certificate of affiliation, a franchise agreement, standards of affiliation, license or license, but do not include agreements related to a provider's participation in a physician group practice, such as a hospital group agreement, nursing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is performed under the State's Medicaid program.

The term "Provider" means advertising, for billing, soliciting, or performing elective abortion by, or creating, taking information about, or soliciting elective abortion services for a provider or provider (AAA) Provider Clinic (not a medical or obstetrical, standing contract for the elective abortion, arranging for transport, receiving a referral to an elective abortion provider, or arranging or scheduling an elective abortion procedure). However, the term does not include providing after the patient's request, such as, but not limited to, information and information regarding the clinic's address, telephone number, and other relevant information about a provider, soliciting or displaying to a AAA Provider Clinic information that solicits or advertises an elective abortion service of provider, or using, displaying, or soliciting letters, brand name, trademark, service mark, or registered identification mark of an organization that performs or performs elective abortions.

My name is Rose Jones. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1-9-2018 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: 

Printed Name: Rose Jones

Title: Executive Director

Date: 1-9-2018

EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE (ALTERNATIVES TO ABORTION CERTIFICATION)

**Legal Business Name
of Applicant:**

Children's Connections, Inc.

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Children's Connections, Inc.

Provider's primary billing address:

Street Address 2514 82nd Street, Suite G

Street Address City/State/Zip Code Lubbock, TX 79423

Telephone Number 806-745-7995

Provider's primary physical address:

Street Address 2514 82nd Street, Suite G

Street Address City/State/Zip Code Lubbock, TX 79423

Telephone Number 806-745-7995

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "*Affiliate*" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "*Elective Abortion*" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "*Promote*" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

My name is Debora Phillips. I am the provider or, if the provider is an organization, I am the provider's (title or position) CEO of Children's Connections. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 01/23/2018 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: _____

Debora Phillips

Printed Name: Debora Phillips

Title: CEO

Date: 1/23/2018

EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE (ALTERNATIVES TO ABORTION CERTIFICATION)

Legal Business Name
of Applicant:

ChristianWorks for Children, Inc.

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name ChristianWorks for Children

Provider's primary billing address:

Street Address 5440 Harvest Hill Rd

Street Address City/State/Zip Code Dallas, TX 75230

Telephone Number 972-960-9981

Provider's primary physical address:

Street Address 5440 Harvest Hill Rd.

Street Address City/State/Zip Code Dallas, TX 75230

Telephone Number 972-960-9981

DEFINITIONS

For the purposes of this certification, the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created for government by or pursuant to written instrument that states such relationship.

1. Ownership, ownership, management, or control;
2. Partnership;
3. The granting or surrender of a license or other governmental authority to the affiliate, and the other entity's grant of such authority, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, statement of affiliation, contract, or a license, but do not include agreements relating to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or similar agreement.

The term "Abortion Provider" means an individual or entity that is participating under the State's Abortion Program.

The term "Provider" means advertising, marketing, soliciting, or participating in the abortion by a provider, having information, or to ensure abortion services for a Alternatives to Abortion (ATA) Program plan, such as making an advertisement, obtaining consent for the abortion, arranging for transportation, registering a referral, or an abortion provider, or arranging or facilitating an abortion, abortion procedure, however the term does not include providing upon the provider's request, factual information and objective counseling, including the facts, relevant telephone number, and other relevant information, and a provider, marketing or displaying to a ATA Program, direct information that pertains to abortion services or abortion, or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or provides abortion services.

My name is Robert Pine. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1/9/2018 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: Robert Pine

Printed Name: Robert Pine

Title: Executive Director

Date: 1/9/2018

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

Legal Business Name
of Applicant:

Community Family Centers / Centros Familiares de la Comunidad

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Community Family Centers

Provider's primary billing address:

Street Address 7524 AVE E

Street Address City/State/Zip Code HOUSTON TX 77012

Telephone Number 713.923.0623

Provider's primary physical address:

Street Address SAME AS ABOVE

Street Address City/State/Zip Code _____

Telephone Number _____

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is MARITZA GUERRERO. I am the provider or, if the provider is an organization, I am the provider's (title or position) President / CEO. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

Texas Pregnancy Care Network

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 01/23/2018 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: _____

Printed Name: _____

MARITZA GUERRERO

Title: _____

President/CEO

Date: _____

01/23/2018

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

Legal Business Name
of Applicant:

Corpus Christi Hope House, Inc

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name

Corpus Christi Hope House

Provider's primary billing address:

Street Address

658 Robinson

Street Address City/State/Zip Code

Corpus Christi, Tx. 78404

Telephone Number

361-852-2273

Provider's primary physical address:

Street Address

658 Robinson

Street Address City/State/Zip Code

Corpus Christi, Tx. 78404

Telephone Number

361-852-2273

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is Melissa Juarez. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification January 23, 2018 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: Melissa Juarez

Printed Name: Melissa Juarez

Title: Executive Director

Date: January 23, 2018

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

**Legal Business Name
of Applicant:**

Expectant Heart Pregnancy Resource Center

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Expectant Heart Pregnancy Resource Center

Provider's primary billing address:

Street Address P.O. Box 1084

Street Address City/State/Zip Code Longview Texas 75606

Telephone Number 903.931.3124

Provider's primary physical address:

Street Address 3 Rockwall Dr.

Street Address City/State/Zip Code Longview Texas 75604

Telephone Number 903.931.3124

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one without limitation that encompasses:

1. ownership, management, or control;
2. ownership; or
3. the granting or acceptance of a license or other agreement that authorizes the Affiliate to use the other entity's trade name, trademark, service mark, or other registered identification mark.

The "written instrument" referenced above may include a certificate of formation, a franchise agreement, standards of affiliate conduct, or a license, but does not include agreements related to a physician's participation in a physician group practice, such as a hospital guest agreement, staffing agreement, management agreement, or similar other practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is performed under the State's Medical Program.

The term "Prostate" means advocating, facilitating, advertising, or populating elective abortion by, for example, taking affirmative action to secure elective abortion services for a Alternatives to Abortion (ATA) Program, establishing funding or appropriation, clearing a room for the elective abortion, arranging for transportation, negotiating a request for an elective abortion procedure, or arranging for performing an elective abortion procedure. However, the term does not include providing upon the patient's request information, such as information and materials concerning abortion, the State's Medical Program, or other relevant information, that is provided in writing or electronically to a patient. The ATA Program shall inform patients that participation in information or materials provided for use or provided to other individuals or operating under a trade name, trademark, service mark, or registered identification mark of an organization that performs or promotes elective abortions.

My name is Regina Phillips. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 01/09/2018 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: _____

Begina Phillips

Printed Name: _____

Begina Phillips

Title: _____

Executive Director

Date: _____

01/09/2018

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

Legal Business Name
of Applicant:

Family Care Connection

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Family Care Connection

Provider's primary billing address:

Street Address 6969 Pastor Bailey Dr #140

Street Address City/State/Zip Code Dallas Tx 75237

Telephone Number 972-298-3366

Provider's primary physical address:

Street Address 6969 Pastor Bailey Dr #140

Street Address City/State/Zip Code Dallas Tx 75237

Telephone Number 972-298-3366

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example, taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider, furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider, or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

My name is Sharon Whitaker. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any of my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 01/09/2018 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: Sharon Whitaker

Printed Name: Sharon Whitaker

Title: Executive Director

Date: 1/9/2018

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

**Legal Business Name
of Applicant:**

Family Promise of Lubbock

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Family Promise of Lubbock

Provider's primary billing address:

Street Address P.O. Box 1258

Street Address City/State/Zip Code Lubbock TX 79408

Telephone Number 806-744-5035

Provider's primary physical address:

Street Address 1319 15TH ST.

Street Address City/State/Zip Code Lubbock TX 79401

Telephone Number 806-744-5035

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "**Affiliate**" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "**Elective Abortion**" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "**Promote**" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is Doug Morris. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1-23-2018 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: Douglas H. Morris

Printed Name: Douglas H. Morris

Title: Executive Director

Date: 1-23-2018

EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE (ALTERNATIVES TO ABORTION CERTIFICATION)

Legal Business Name
of Applicant:

WRC Pregnancy Center of Ellis County

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name FirstLook

Provider's primary billing address:

Street Address 1204 Ferris Ave, Suite E

Street Address City/State/Zip Code Waxahachie, TX 75165

Telephone Number 972-938-7800

Provider's primary physical address:

Street Address same

Street Address City/State/Zip Code _____

Telephone Number _____

DEFINITIONS

For the purposes of this certification, the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity which relationship is created or goes into effect by at least one of the following conditions:

1. Ownership, management, or control;
2. A franchise; or
3. Any granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, license, or a license, but do not include agreements related to a physician's participation in a medical group practice, such as a license, joint agreement, service agreement, franchise agreement, or similar written or oral agreement.

The term "Active Abortion" does not include an abortion procedure that is performed under the State's Medical Director.

The term "Frontend" means advertising, marketing, recruiting, or performing abortion services by, for example, making referrals, using in-person or electronic means for a patient to obtain an abortion, providing information on making an appointment, providing support for the abortion decision, arranging for transportation, providing a location for an abortion procedure, providing, or arranging or facilitating an abortion procedure; however, the term does not include providing such the patient's medical history, financial information, or non-medical information regarding the procedure, abortion, telephone number and other relevant information used in providing or facilitating an abortion procedure. This information that pertains to or involves the abortion service or provider, or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization and performing or performing such the abortion.

Texas Pregnancy Care Network

My name is Donna Young. I am the provider or, if the provider is an organization, I am the provider's (title or position) CEO. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification Jan 9, 2018 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: Donna Young

Printed Name: Donna Young

Title: CEO

Date: Jan 9, 2018

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

**Legal Business Name
of Applicant:**

Foundation for Life

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name

Foundation for Life

Provider's primary billing address:

Street Address

10900 Northwest Fwy., Ste 112

Street Address City/State/Zip Code

Houston, TX 77092

Telephone Number

713 682 5433

Provider's primary physical address:

Street Address

Street Address City/State/Zip Code

Telephone Number

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "**Affiliate**" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "**Elective Abortion**" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "**Promote**" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is Emily Ponce. I am the provider or, if the provider is an organization, I am the provider's (title or position) Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

Texas Pregnancy Care Network

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 9-1-2017 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: _____

Printed Name: Emily PONTÉ

Title: DIRECTOR

Date: Jan. 26, 2018

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

Legal Business Name
of Applicant:

Gladney Center for Adoption

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Gladney Center for Adoption

Provider's primary billing address:

Street Address 6300 John Ryan Dr.

Street Address City/State/Zip Code Fort Worth, TX 76132

Telephone Number 817-922-6000

Provider's primary physical address:

Street Address Same

Street Address City/State/Zip Code _____

Telephone Number _____

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

My name is Mark Melson. I am the provider or, if the provider is an organization, I am the provider's (title or position) President. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 01/18/2018 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: 

Printed Name: Mark Melson

Title: President + CEO

Date: 1/18/2018

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

Legal Business Name
of Applicant:

Hope Cottage

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Hope Cottage

Provider's primary billing address:

Street Address 609 Texas Street

Street Address City/State/Zip Code Dallas, TX 75204

Telephone Number _____

Provider's primary physical address:

Street Address 609 Texas Street

Street Address City/State/Zip Code Dallas, TX 75204

Telephone Number 214-526-8721

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example, taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is Brooks Olinlan. I am the provider or, if the provider is an organization, I am the provider's (title or position) CEO. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1/9/2018 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: Brooks Quinlan

Printed Name: Brooks Quinlan

Title: CEO

Date: 1/9/18

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

**Legal Business Name
of Applicant:**

Transformation Vision Cedar Hill,
dba Hope Mansion

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Hope Mansion

Provider's primary billing address:

Street Address 1595 Mt. Lebanon Rd.
Street Address City/State/Zip Code Cedar Hill, Tx 75104
Telephone Number 972-293-3370

Provider's primary physical address:

Street Address Same as above
Street Address City/State/Zip Code _____
Telephone Number _____

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (AZA) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a AZA Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is Charlotte Earhart. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers EXCEPT hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification Jan. 24, 2018 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: Charlotte Earhart

Printed Name: Charlotte Earhart

Title: Executive Director

Date: January 24, 2018

Texas Pregnancy Care Network

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

**Legal Business Name
of Applicant:**

Houston Pregnancy Help Center

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Houston Pregnancy Help Center

Provider's primary billing address:

Street Address 3636 San Jacinto St

Street Address City/State/Zip Code Houston Texas 77004

Telephone Number 713-899-1739

Provider's primary physical address:

Street Address 3636 San Jacinto St

Street Address City/State/Zip Code Houston, TX 77004

Telephone Number 713-942-2100

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is Sylvia B. Johnson. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers EXCEPT hospitals licensed under Chapter 244, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

Texas Pregnancy Care Network

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

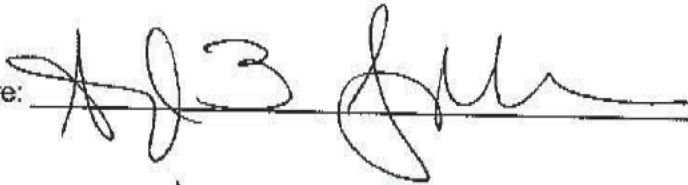
Effective Date of Certification 01/1/18 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: _____



Printed Name: _____

Sylvia B. Johnson

Title: _____

Executive Director

Date: _____

1/22/18

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

Legal Business Name
of Applicant:

Involved for Life, Inc.

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Downtown Pregnancy Center

Provider's primary billing address:

Street Address 525 N. Ervay

Street Address City/State/Zip Code Dallas, TX 75201

Telephone Number 214. 969. 2433

Provider's primary physical address:

Street Address 525 N. Ervay

Street Address City/State/Zip Code Dallas, TX 75201

Telephone Number 214. 969. 2433

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

My name is Carolyn Cline. I am the provider or, if the provider is an organization, I am the provider's (title or position) CEO. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1/9/2018 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: Carolyn Cline

Printed Name: CAROLYN CLINE

Title: President & CEO

Date: 1/9/2018

EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE (ALTERNATIVES TO ABORTION CERTIFICATION)

**Legal Business Name
of Applicant:**

Life Choices Medical Clinic

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Life Choices Medical Clinic

Provider's primary billing address:

Street Address 3234 Northwestern

Street Address City/State/Zip Code San Antonio TX 78238

Telephone Number 210-543-7200

Provider's primary physical address:

Street Address Same as above

Street Address City/State/Zip Code _____

Telephone Number _____

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is Charidy Farrar. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

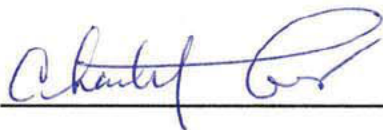
Effective Date of Certification 1-23-18 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: _____



Printed Name: _____

CHARITY FARRAR

Title: _____

Executive Director

Date: _____

1-23-18

Texas Pregnancy Care Network

EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE (ALTERNATIVES TO ABORTION CERTIFICATION)

Legal Business Name
of Applicant:

Living Alternatives of Jacksonville, Inc.

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Living Alternatives of Jacksonville

Provider's primary billing address:

Street Address 805 A South Jackson St.

Street Address City/State/Zip Code Jacksonville TX 75766

Telephone Number 903 586-9016

Provider's primary physical address:

Street Address 805 A South Jackson St.

Street Address City/State/Zip Code Jacksonville TX 75766

Telephone Number 903 586-9016

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is Rhonda Edwards. I am the provider or, if the provider is an organization, I am the provider's (title or position) Program Manager. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

Texas Pregnancy Care Network

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1/24/18 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: Rhonda Edwards

Printed Name: Rhonda Edwards

Title: Program Manager

Date: 1/24/18

EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE (ALTERNATIVES TO ABORTION CERTIFICATION)

Legal Business Name
of Applicant:

Living Alternatives of Palestine

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Living Alternatives of Palestine

Provider's primary billing address:

Street Address 4002 S Loop 256 Ste B

Street Address City/State/Zip Code Palestine, TX 75801

Telephone Number 903-723-9944

Provider's primary physical address:

Street Address 4002 S Loop 256 Ste B

Street Address City/State/Zip Code Palestine, TX 75801

Telephone Number 903-723-9944

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example, taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request, neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

My name is Cheryl McCann. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any of my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1/17/18 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: Cheryl McCann

Printed Name: Cheryl McCann

Title: Executive Director, Living Alternatives of Palestine

Date: January 17, 2018

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

Legal Business Name
of Applicant:

LORETO HOUSE

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name LORETO HOUSE

Provider's primary billing address:

Street Address 1100 N. BONNIE BRAE ST.

Street Address City/State/Zip Code DENTON, TX 76201

Telephone Number 940-380-8191

Provider's primary physical address:

Street Address SAME

Street Address City/State/Zip Code _____

Telephone Number _____

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example, taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is RANDY BOLLIG. I am the provider or, if the provider is an organization, I am the provider's (title or position) EXECUTIVE DIRECTOR. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1-9-18 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: Randy Bollig

Printed Name: RANDY BOLLIG

Title: EXECUTIVE DIRECTOR

Date: 1-9-18

Texas Pregnancy Care Network

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

Legal Business Name
of Applicant:

Low Birth Weight Development Center

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Low Birth Weight Development Center

Provider's primary billing address:

Street Address 345 Calumet Avenue

Street Address City/State/Zip Code Dallas, TX 75211

Telephone Number 214 331-3517

Provider's primary physical address:

Street Address 345 Calumet Avenue

Street Address City/State/Zip Code Dallas TX 75211

Telephone Number 214 331-3517

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is Dr. Elizabeth T. Heyne. I am the provider or, if the provider is an organization, I am the provider's (title or position) President of Board. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

Texas Pregnancy Care Network

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 9/23/2018 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: Elizabeth T. Heyne, PsyD

Printed Name: Elizabeth T. Heyne, PsyD

Title: Board President Low Birth Weight Development Center

Date: January 23, 2018

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

Legal Business Name
of Applicant:

Arlington Pregnancy Center dba
Metroplex Women's Clinic

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Metroplex Women's Clinic

Provider's primary billing address:

Street Address 2810 NW Green Oaks Blvd

Street Address City/State/Zip Code Arlington, TX 76012

Telephone Number 817-299-9599

Provider's primary physical address:

Street Address same

Street Address City/State/Zip Code _____

Telephone Number _____

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example, taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider, furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider, or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or promotes elective abortions.

My name is Holly Tate. I am the provider or, if the provider is an organization, I am the provider's (title or position) Director of Client Services. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1/9/18 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: Holly Tate

Printed Name: Holly Tate

Title: Director of Client Services

Date: 1/9/18

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

**Legal Business Name
of Applicant:**

Our Lady of the Angels Maternity Shelter

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Our Lady of the Angels Maternity Shelter

Provider's primary billing address:

Street Address 413 S 9th St

Street Address City/State/Zip Code Tempe Tx 76504

Telephone Number 254-742-2340

Provider's primary physical address:

Street Address 413 S 9th St

Street Address City/State/Zip Code Tempe Tx 76504

Telephone Number 254-742-2340

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

My name is Renel Hannicutt. I am the provider or, if the provider is an organization, I am the provider's (title or position) social service coordinator. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1/9/18 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: _____

 CBSCW

Printed Name: _____

Renee Hannicutt

Title: _____

Social Service Coordinator

Date: _____

1/9/18

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

Legal Business Name
of Applicant:

Paris Pregnancy Care Center, Inc

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Paris Pregnancy Care Center

Provider's primary billing address:

Street Address 500 East Houston

Street Address City/State/Zip Code Paris Texas 75460

Telephone Number 903-784-1565

Provider's primary physical address:

Street Address _____

Street Address City/State/Zip Code _____

Telephone Number _____

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

My name is Vickie Powell. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1/9/18 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: Vickie Powell

Printed Name: Vickie Powell

Title: Executive Director

Date: 1-9-18

Texas Pregnancy Care Network

EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE (ALTERNATIVES TO ABORTION CERTIFICATION)

Legal Business Name
of Applicant:

Mother and Unborn Childcare of Lufkin

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Pregnancy Help Center of Lufkin

Provider's primary billing address:

Street Address 401 Gaslight Blvd.
Street Address City/State/Zip Code Lufkin, TX 75904
Telephone Number 936-632-9292

Provider's primary physical address:

Street Address 401 Gaslight Blvd
Street Address City/State/Zip Code Lufkin, TX 75904
Telephone Number 936-632-9292

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is Paula Harvard. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

Texas Pregnancy Care Network

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1/23/18 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: Paula Havard

Printed Name: Paula Havard

Title: Executive Director

Date: 1-23-2018

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

Legal Business Name
of Applicant:

Pregnancy Help Center of Williamson County

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Pregnancy Help Center of Williamson County

Provider's primary billing address:

Street Address PO Box 2334

Street Address City/State/Zip Code Georgetown, TX 78627

Telephone Number 512. 868. 0153

Provider's primary physical address:

Street Address 508 FM 1460

Street Address City/State/Zip Code Georgetown, TX 78626

Telephone Number 512. 868. 0153

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "*Affiliate*" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "*Elective Abortion*" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "*Promote*" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is Daniel Londenberg. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1/23/2018 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: Danyel Londonberg

Printed Name: Danyel Londonberg

Title: Executive Director

Date: 1/23/2018

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

Legal Business Name

of Applicant:

Pregnancy Resources of Abilene

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Pregnancy Resources of Abilene
 Provider's primary billing address:
 Street Address 2110 N. Willis, Ste. A.
 Street Address City/State/Zip Code Abilene, TX 79603
 Telephone Number 325-672-6415
 Provider's primary physical address:
 Street Address 2110 N. Willis, Ste. A.
 Street Address City/State/Zip Code Abilene, TX 79603
 Telephone Number 325-672-6415

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "**Affiliate**" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "**Elective Abortion**" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "**Promote**" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is Holly Joiner. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1-23-2018 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: Holly Joiner

Printed Name: Holly Joiner

Title: Executive Director

Date: 1-23-2018

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

**Legal Business Name
of Applicant:**

Whitby Road Alliance, Inc. d/b/a Providence Place

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Providence Place

Provider's primary billing address:

Street Address 6487 Whitby Road

Street Address City/State/Zip Code San Antonio, TX 78240

Telephone Number 210-696-2410

Provider's primary physical address:

Street Address 6487 Whitby Rd

Street Address City/State/Zip Code San Antonio, TX 78240

Telephone Number 210-696-2410

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is Judith Bell. I am the provider or, if the provider is an organization, I am the provider's (title or position) CEO. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1/9/18 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: Judith Bell

Printed Name: Judith Bell

Title: President/ CEO

Date: 1/9/18

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

Legal Business Name
of Applicant:

A Woman's Heart, A Child's Life Pregnancy Resource Center

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Raffa Clinic

Provider's primary billing address:

Street Address P.O. Box 9325

Street Address City/State/Zip Code Greenville, Tx 75404

Telephone Number 903-454-9711

Provider's primary physical address:

Street Address 2612 Jordan Street

Street Address City/State/Zip Code Greenville, Tx 75401

Telephone Number 903-454-9711

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is Threesa Sadler. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 01/23/18 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: _____

Theresa Sadler

Printed Name: _____

Theresa Sadler

Title: _____

Executive Director

Date: _____

January 23, 2018

Texas Pregnancy Care Network

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

**Legal Business Name
of Applicant:**

SAN ANTONIO BIRTH DOUGLAS

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name SAN ANTONIO BIRTH DOUGLAS

Provider's primary billing address:

Street Address 4522 Fredericksburg Rd, A-47
 Street Address City/State/Zip Code San Antonio, TX 78201
 Telephone Number 210 - 222-0988

Provider's primary physical address:

Street Address SAME
 Street Address City/State/Zip Code _____
 Telephone Number _____

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

sd

Texas Pregnancy Care Network

My name is SUZANNE de LEON. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

Texas Pregnancy Care Network

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

pd

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1-23-2018 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: Suzanne de Leon

Printed Name: SUZANNE de LEON

Title: Executive Director

Date: 1-23-2018

EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE (ALTERNATIVES TO ABORTION CERTIFICATION)

**Legal Business Name
of Applicant:**

Seton Home

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Seton Home

Provider's primary billing address:

Street Address 1115 Mission Road

Street Address City/State/Zip Code San Antonio, TX 78210

Telephone Number 210-533-5304

Provider's primary physical address:

Street Address 1115 Mission Road

Street Address City/State/Zip Code San Antonio, TX 78210

Telephone Number 210-533-5304

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term **"Affiliate"** means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term **"Elective Abortion"** does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term **"Promote"** means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is Thelma Gutierrez. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked “true,” indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification January 26, 2018 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: _____



Printed Name: Thelma Gutierrez

Title: Executive Director

Date: January 26, 2018

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

Legal Business Name
of Applicant:

St. John Paul II Life Center

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name St. John Paul II Life Center

Provider's primary billing address:

Street Address 1600 W. 38th St., Suite 110

Street Address City/State/Zip Code Austin TX 78731

Telephone Number 512 - 407-2900

Provider's primary physical address:

Street Address 1600 W. 38th St., Suite 110

Street Address City/State/Zip Code Austin TX 78731

Telephone Number 512 407-2900

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is Kim Spears. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

Texas Pregnancy Care Network

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)


Effective Date of Certification 1/24/18 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: _____



Printed Name: _____

Kim Speirs

Title: _____

Executive Director

Date: _____

1/24/18

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

**Legal Business Name
of Applicant:**

St. Jude's Ranch for Children - Texas Region, Inc.
DBA - SJRC Texas

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name SJRC Texas

Provider's primary billing address:

Street Address 6520 Ridge Creek Ln

Street Address City/State/Zip Code Bulverde, TX 78163

Telephone Number 830-629-0659

Provider's primary physical address:

Street Address Same as above

Street Address City/State/Zip Code _____

Telephone Number _____

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is SJRC Texas, Tara Rousett. I am the provider or, if the provider is an organization, I am the provider's (title or position) CEO. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1/9/18 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: _____

Tara Roussett

Printed Name: _____

Tara Roussett

Title: _____

CEO

Date: _____

1-9-18

EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE (ALTERNATIVES TO ABORTION CERTIFICATION)

Legal Business Name of Applicant: St. Paul Lutheran Child Development Center, Inc.,

C.A.R.E. Program

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name St. Paul Lutheran Child Development Center, Inc. C.A.R.E. Program

Provider's primary billing address:

Street Address 2302 S. Presa

Street Address City/State/Zip Code 2302 S. Presa, San Antonio, Texas 78210

Telephone Number 210-534-8577

Provider's primary physical address:

Street Address 2302 S. Presa

Street Address City/State/Zip Code 2302 S. Presa, San Antonio, Texas 78210

Telephone Number 210-534-8577

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example, taking affirmative action to secure elective abortion services for a Alternatives to Abortion (ATA) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure). However, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider, facilitating or displaying to a ATA Program client information that publicizes or advertises an elective abortion service or provider, or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or promotes elective abortions.

Texas Pregnancy Care Network

My name is Deborah Stephenson. I am the provider or, if the provider is an organization, I am the provider's (title or position) Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers EXCEPT hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

Texas Pregnancy Care Network

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any of my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 - 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 01/23/2018 through 08/31/2018

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 - 5 are not true, you must request an immediate termination of your A2A certification.

☐ Terminate A2A certification.

Signature: Deborah Stephenson

Printed Name: Deborah Stephenson

Title: Director

Date: 01/23/2018

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

**Legal Business Name
of Applicant:**

St. Peter - St. Joseph Children's Home

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name

St. Peter - St. Joseph Children's Home or St. PJ's

Provider's primary billing address:

Street Address

919 Mission Rd.

Street Address City/State/Zip Code

San Antonio, TX 78210

Telephone Number

210 - 533 - 1203

Provider's primary physical address:

Street Address

same as above

Street Address City/State/Zip Code

Telephone Number

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is Gladys Gonzalez. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1/25/2018 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: Gladys Gonzalez

Printed Name: Gladys Gonzalez

Title: Executive Director

Date: 1/25/2018

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

Legal Business Name
of Applicant:

Permian Basin Women's Resource Center, Inc.

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name

The Life Center

Provider's primary billing address:

Street Address

2101 W. Wall St.

Street Address City/State/Zip Code

Midland, TX 79701

Telephone Number

436-083-6072

Provider's primary physical address:

Street Address

Same as above

Street Address City/State/Zip Code

Telephone Number

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is Judy House. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1/9/2018 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: Judy Bourse

Printed Name: Judy Bourse

Title: Executive Director

Date: 1/9/2018

EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE (ALTERNATIVES TO ABORTION CERTIFICATION)

Legal Business Name
of Applicant:

Eastland County Open Door

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Eastland County Open Door

Provider's primary billing address:

Street Address 1906 Hwy 206

Street Address City/State/Zip Code Cisco, TX 76437

Telephone Number 254-442-3000

Provider's primary physical address:

Street Address 1906 Hwy 206

Street Address City/State/Zip Code Cisco, TX 76437

Telephone Number 254-442-3000

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is Desiree Paddock. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1.24.2018 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: Desiree Paddock

Printed Name: Desiree Paddock

Title: Executive Director

Date: 1.24.2018

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

Legal Business Name
of Applicant:

The Source for Women of Houston, Inc.

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name The Source for women

Provider's primary billing address:

Street Address 6009 Richmond Ave. Ste. 130

Street Address City/State/Zip Code Houston, TX 77057

Telephone Number 713-780-0030

Provider's primary physical address:

Street Address 6009 Richmond Ave. Ste. 130

Street Address City/State/Zip Code Houston, TX 77057

Telephone Number 713-780-0030

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

My name is Chelsea Leach. I am the provider or, if the provider is an organization, I am the provider's (title or position) Center Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 01/24/18 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: Chelsea Leach

Printed Name: Chelsea Leach

Title: Northeast Center Director

Date: 01/24/2018

**EXHIBIT A: AFFIRMATIONS AND SOLICITATIONS ACCEPTANCE
(ALTERNATIVES TO ABORTION CERTIFICATION)**

Legal Business Name
of Applicant:

WTL-The Way Truth and Life Outreach DBA Waller Pregnancy
Care Center

Every clinic funded under this procurement must complete this certification. This certification pertains to the following billing or performing provider:

Provider Name Waller Pregnancy Care Center

Provider's primary billing address:

Street Address 30443 Betka Rd, Waller, TX 77484

Street Address City/State/Zip Code Waller, TX 77484

Telephone Number 936 372 9007

Provider's primary physical address:

Street Address 1225 Fair Street

Street Address City/State/Zip Code Waller, TX 77484

Telephone Number 936 372 9007

DEFINITIONS

For the purposes of this certification the following terms are defined as follows:

The term "Affiliate" means:

An individual or entity that has a legal relationship with another entity, which relationship is created or governed by at least one written instrument that demonstrates:

1. common ownership, management, or control;
2. a franchise; or
3. the granting or extension of a license or other agreement that authorizes the Affiliate to use the other entity's brand name, trademark, service mark, or other registered identification mark.

The "written instruments" referenced above may include a certificate of formation, a franchise agreement, standards of affiliation, bylaws, or a license, but do not include agreements related to a physician's participation in a physician group practice, such as a hospital group agreement, staffing agreement, management agreement, or collaborative practice agreement.

The term "Elective Abortion" does not include an abortion procedure that is reimbursable under the State's Medicaid program.

The term "Promote" means advancing, furthering, advocating, or popularizing elective abortion by, for example: taking affirmative action to secure elective abortion services for a Alternatives to Abortion (A2A) Program client (such as making an appointment, obtaining consent for the elective abortion, arranging for transportation, negotiating a reduction in an elective abortion provider fee, or arranging or scheduling an elective abortion procedure); however, the term does not include providing upon the patient's request neutral, factual information and nondirective counseling, including the name, address, telephone number, and other relevant information about a provider; furnishing or displaying to a A2A Program client information that publicizes or advertises an elective abortion service or provider; or using, displaying, or operating under a brand name, trademark, service mark, or registered identification mark of an organization that performs or Promotes elective abortions.

Texas Pregnancy Care Network

My name is Lithia Blount. I am the provider or, if the provider is an organization, I am the provider's (title or position) Executive Director. I am of sound mind, capable of making this certification, and I am personally acquainted with the facts stated here. If I am representing an organizational provider, I am authorized to make this certification on the provider's behalf. Throughout the remainder of this document, the word "I" will represent the individual provider that is completing this form or the organizational provider on whose behalf the form is being completed. If this form is being completed on behalf of an organizational provider, the word "I" is inclusive of the organization, owners, officers, employees, and volunteers, or any combination of these.

By checking the boxes under each statement below, I affirm that each of the following statements is true. I understand that my failure to mark each of the statements will be regarded as my representation that the statement is false:

1. I do not, nor do any of my organization's Providers or contractors, perform or Promote Elective Abortions.
☒ I affirm that this statement is true and correct.
2. I am not, nor are any of my organization's Providers or contractors, an Affiliate of an entity that performs or Promotes Elective Abortions.
☒ I affirm that this statement is true and correct.
3. None of the funds that I, or any of my organization's subcontractors, receive for performing A2A Program services are used to pay the direct or indirect costs (including marketing, overhead, rent, phones and utilities) of Elective Abortion procedures provided by contractors of the Health and Human Services Commission (HHSC).
☒ I affirm that this statement is true and correct.
4. None of the funds that I, or any my organization's subcontractors, receive for performing A2A Program services are distributed to individuals or entities that perform Elective Abortion procedures or that contract with or provide funds to individuals or entities for the performance of Elective Abortion procedures.
☒ I affirm that this statement is true and correct.
5. (For all organizational providers **EXCEPT** hospitals licensed under Chapter 241, Health & Safety Code; state hospitals; State-owned teaching hospitals; teaching hospitals; residency programs accredited for medical education; or offices exempt under Section 254.004(2), Health and Safety Code) None of the funds that I, or any of my organization's subcontractors, receive from the State of Texas are distributed to any individual or entity that performs Elective Abortion procedures or to an Affiliate of any individual or entity that performs Elective Abortion procedures.
☒ I affirm that this statement is true and correct.

In addition, I understand and acknowledge that:

- If I fail to complete and submit this certification, I will be disqualified from the A2A Program and the Texas Health and Human Services Commission (HHSC) or its designee (henceforth, "HHSC") will deny any claims I submit for A2A services.
- If, after I submit this signed certification, I, or any of my organization's Providers or contractors, perform, agree to perform, or Promote Elective Abortions, or I, or any my organization's Providers or contractors, become an Affiliate of, or agree to affiliate with, an entity that performs or Promotes Elective Abortions, I will notify HHSC at least 30 calendar days before I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion or become an Affiliate with an entity that does so. If I fail to notify HHSC as required, I will be disqualified from the A2A Program and HHSC will deny any claims I submit for A2A services.
- If, while participating in the A2A Program, I, or any of my organization's Providers or contractors, perform or Promote an Elective Abortion, I will be disqualified from the A2A Program, including any A2A contracts, and HHSC will deny any claims I submit for A2A services.
- If I submit this certification and agree to its terms, but HHSC determines that I am in fact ineligible to participate in the A2A Program, HHSC may place a payment hold on claims submitted by me or my organization for A2A services until HHSC can make a final determination regarding my eligibility.
- If HHSC determines that I am ineligible to receive funds under the A2A Program:
 - a) HHSC may recoup A2A funds paid on claims that I have incurred since the date the provider became ineligible;
 - b) HHSC will deny all A2A claims that I have submitted since the date of ineligibility; and
 - c) I will remain ineligible to participate in the A2A Program until I comply with the above program requirements.
- If I knowingly make a false statement or misrepresentation on this certification, HHSC may consider me to have committed fraud or tampered with a government record under the laws of Texas, and I may be excluded from participation in the A2A Program.

I also understand that, to enable HHSC to verify my or my organization's eligibility to participate in the A2A Program, I must complete and return this certification form to HHSC as part of this application.

Texas Pregnancy Care Network

If statements 1 – 5 are all marked "true," indicate the effective dates of your certification as follows: (The effective date of the Certification spans from the date of form completion through the end of the Certification year.)

Effective Date of Certification 1/9/2018 through 08/31/2018.

Note: Each provider must complete a new certification and mail it to the A2A contract manager by the end of each state fiscal year.

If any of statements 1 – 5 are not true, you must request an immediate termination of your A2A certification:

☐ Terminate A2A certification

Signature: [Signature]

Printed Name: Lottia Blount

Title: Executive Director

Date: 1/9/2018



EXHIBIT B: FEDERAL ASSURANCES

[View Burden Statement](#)

OMB Number: 4040-0007
Expiration Date: 01/31/2019

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0040), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

NOTE: Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant, I certify that the applicant:

1. Has the legal authority to apply for Federal assistance and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project cost) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States and, if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standards or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee- 3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and, (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Titles II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally-assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.


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Prescribed by OMB Circular A-102



9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally-assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended (P.L. 93-523); and, (h) protection of endangered species under the Endangered Species Act of 1973, as amended (P.L. 93-205).
12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations, and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL	TITLE
	Executive Director
APPLICANT ORGANIZATION	DATE SUBMITTED
Texas Pregnancy Care Network	1/31/18

Standard Form 424B (Rev. 7-97) Back



EXHIBIT E: CERTIFICATION REGARDING LOBBYING

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.


* APPLICANT'S ORGANIZATION	
Texas Pregnancy Care Network	
* PRINTED NAME AND TITLE OF AUTHORIZED REPRESENTATIVE	
Prefix: <input type="text"/>	* First Name: John Middle Name: <input type="text"/>
* Last Name: McNamara	Suffix: <input type="text"/>
* Title: Executive Director	
* SIGNATURE: 	* DATE: 1/31/18



EXHIBIT F: FFATA GUIDANCE



TEXAS HEALTH AND HUMAN SERVICES COMMISSION

January 31, 2018

CHARLES SMITH
EXECUTIVE COMMISSIONER

John McNamara, Executive Director
Texas Pregnancy Care Network
1101 S Capital of Texas Highway, Suite K-250
Austin, Texas 78746

RE: Federal Funding Accountability and Transparency Act Reporting Guidance

Dear Mr. McNamara:

This letter provides background information for the new Federal Funding Accountability and Transparency Act (FFATA) requirements and to request the information from you as a contractor/awardee of federal funding. The required information to be submitted is summarized at the bottom of this letter.

The White House Office of Management and Budget (OMB) recently issued additional guidance regarding the FFATA reporting requirement which took effect on October 1, 2010. This law, passed in 2006, and amended in 2008, requires any person or entity receiving contract or grant funds directly from the federal government to report certain information regarding those funds through a centralized website, www.fsr.gov. The following information applies.

- Sub-recipient contract awards equal to or greater than \$25,000 must be reported if they were awarded on or after October 1, 2010.
- **Prime awardees** (those agencies or entities receiving funds *directly* from the federal government) must report certain information regarding those funds.
- Compensation of the top five executives within an organization must be reported as well, if certain criteria apply.
- Grant information reported for American Recovery and Reinvestment Act (ARRA) grants is not required to be reported in the FFATA Subaward Reporting System (FSRS).

The purpose of this letter is to inform you that the Health and Human Services Commission (HHSC) is the prime awardee for most of the federal awards that you receive from HHSC. As a



result, HHSC is responsible for reporting sub-award information to the federal government. Unlike ARRA, prime recipients like HHSC must enter the sub-award data themselves and do not have the option of coordinating with sub-recipients to enter the relevant information.

However, sub-recipients must provide HHSC with all required information to accurately report on the FSRS website. OMB guidance outlines the sub-award and compensation reporting requirements for sub-recipient contracts equal to or greater than \$25,000 awarded on or after October 1, 2010. If a new award is initially below \$25,000 but subsequent contract modifications result in a total award equal to or greater than \$25,000, the award will be subject to FFATA reporting requirements as of the date the award exceeds \$25,000.

You are receiving this letter because our records identify you as a sub-recipient under an HHSC contract award. In our efforts to comply with the reporting requirements under FFATA, HHSC is asking that you provide certification regarding the applicability of the following criteria to your organization using Attachment B (FFATA Certification Form CPP0443).

If you should meet the requirements HHSC will need the compensation and names of the entity's top five highly compensated officers/senior executives, if applicable, on the attached FFATA Reporting Template – to be submitted in the form of the Excel document. Additionally, HHSC is responsible for first-tier sub-award reporting, which includes sub-recipient entity information, sub-award description/title, and date of award.

FFATA and subsequent rules published by the White House OMB require that sub-recipients have a Data Universal Numbering System (DUNS) Number to receive federal funds of any type. If you have not already done so, you must register your organization for a DUNS Number and provide that to HHSC. Instructions to complete these are included in this letter as Attachment A (How to Request or Verify a DUNS Number). **If you have multiple contracts with HHSC, only one certification per State fiscal year is required.**

Summary of Information Requested:

- 1) Complete and return the FFATA Certification Form (Attachment B);**
- 2) As applicable, register your organization for a DUNS Number (Attachment A); and**
- 3) Complete and return the FFATA Reporting Template (Attachment C) – as an Excel spreadsheet**

The required FFATA Certification Form and the FFATA Reporting Template must be completed and returned to HHSC with the respondents proposal by the due date and time listed in Section 3. If you have any questions regarding this correspondence, please contact Vonda White of Procurement and Contracting Services by e-mail at Vonda.white@hhsc.state.tx.us.

Enclosures: Attachment A: How to Request or Verify a DUNS Number
Attachment B: FFATA Certification Form
Attachment C: FFATA Reporting Instructions/Template



Attachment A

How to Request or Verify a DUNS Number

Most entities receiving federal funds already have a DUNS number and may even have several DUNS Numbers. HHSC must use the primary DUNS Number assigned to the entity when reporting FFATA obligations and expenditures. If your organization has multiple DUNS Numbers, the primary DUNS Number will usually be the first number listed. Go to <http://www.dnb.com/us/> to request a DUNS Number or to verify the primary DUNS Number for your organization. Obtaining a DUNS Number is free of charge.

Requesting a DUNS Number

- 1) To verify an existing DUNS Number or to request a new DUNS Number, go to the Dun & Bradstreet website at <http://fedgov.dnb.com/webform/displayHomePage.do>. You can also call 1-866-705-5711 to request a DUNS number over the phone.
- 2) You will need the following information to obtain a DUNS number:
 - a. Legal name of organization;
 - b. Doing business as (DBA) or other name by which your organization is commonly known or recognized;
 - c. Headquarters name and organization address;
 - d. Name of Chief Executive Officer (CEO)/organization owner;
 - e. Business structure of the organization (corporation, partnership, proprietorship);
 - f. Year the organization started;
 - g. Primary type of business; and,
 - h. Total number of employees (full and part time).

Please be advised that HHSC does not have the technical expertise to assist contractors in applying for a DUNS Number. All questions regarding the DUNS Number should be directed to Dun & Bradstreet.

Central Contractor Registration

Both current and potential federal government registrants are required to register in CCR in order to be awarded contracts by the federal government. Registrants are required to complete a one-time registration and must update or renew their registrations at least once per year to maintain an active status. To register and get additional information, go to www.ccr.gov.

The use of DUNS+4 Numbers to identify registrants is limited to identifying different CCR records for the same registrant at the same physical location. The +4 extension to a DUNS number is created by registrants in CCR when there is a need for more than one bank/Electronic Funds Transfer (EFT) account for a location. Go to the [CCR User's Guide](#) for additional information.



Attachment B

Texas Health and Human Services Commission Federal Funding Accountability and Transparency Act (FFATA) Certification

The certifications enumerated below represent material facts upon which HHSC relies when reporting information to the federal government required under federal law. If the HHSC later determines that the Contractor knowingly rendered an erroneous certification, HHSC may pursue all available remedies in accordance with Texas and U.S. laws. Signor further agrees that it will provide immediate written notice to HHSC if at any time Signor learns that any of the certifications provided for below were erroneous when submitted or have since become erroneous by reason of changed circumstances. **If the Signor cannot certify all of the statements contained in this section, Signor must provide written notice to HHSC detailing which of the below statements it cannot certify and why.**

Did your organization have a gross income, from all sources, of less than \$300,000 in your previous tax year?

☐ Yes - skip questions A, B, and C and continue to section D.

☒ No - answer questions A and B.

A. Certification Regarding Percent (%) of Annual Gross from Federal Awards

Did your organization receive 80% or more of its annual gross revenue from federal awards during the preceding fiscal year?

☐ Yes

☒ No – skip question C.

B. Certification Regarding Amount of Annual Gross from Federal Awards

Did your organization receive \$25 million or more in annual gross revenues from federal awards in the preceding fiscal year?

☐ Yes

☒ No – skip question C.

If your answer is Yes to both questions A and B, you must answer question C.

If you answer is No to either question A or B, skip question C and continue to section D.



C. Certification Regarding Public Access to Compensation Information.


Does the public have access to information about the highly compensated officers/senior executives in your business or organization (including parent organization, all branches, and all affiliates worldwide) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

☐ Yes

☐ No - provide the names and total compensation of the top five highly compensated officers/senior executives using the attached FFATA Reporting Template.

D. Signatures

As the duly authorized representative (Signor) of the Contractor, I hereby certify that the statements made by me in this certification form are true, complete, and correct to the best of my knowledge.

	
Signature of Authorized Representative	
John McNamara	
Printed Name of Authorized Representative	
Executive Director	
Title of Authorized Representative	
Texas Pregnancy Care Network	
Legal Name of Contractor	
1/31/2018	
Date	
62-120-6221	529-16-0004-00001-B
	529-16-0004-00001-A
	529-16-0004
	529-10-0013-00001F
DUNS Number	Applicable HHSC Contract Number(s) [List all contract numbers in the cell above]



Attachment C

FFATA Reporting Instructions/Template



FFATA Reporting
Template.xls



EXHIBIT G: EXCEPTIONS (NOTE TO RESPONDENTS: COMPLETION OF THIS EXHIBIT IS NOT REQUIRED IF THERE ARE NO EXCEPTIONS. SEE SECTION 4.5)

No exception -- nor any term, condition, or provision in a Solicitation Response that differs, varies from, or contradicts this Solicitation -- will be considered to be a part of any contract resulting from this Solicitation unless expressly made a part of the contract in writing by the System Agency.

Solicitation Document	Solicitation Document Section Number	Solicitation Language to which Exception is Taken	Basis of Exception	Respondent's Proposed Language	Still Want to be Considered for Contract Award if Exception Denied? (State "Yes" or "No")
RFA No. HHS0000502	Article 1.2 (page 5)	Entire definition of "Client"	Legislative Mandate is to Expand Program. Revised definition of client narrows eligibility. Program intent is to encourage childbirth instead of abortion in all pregnancies, not just those below 200% of Federal Poverty Level. Will cause abortions in Texas to increase.	<p>A client is eligible to receive services through A2A if:</p> <p>The client is pregnant; or</p> <p>The client is the biological father of an unborn child; or</p> <p>The client is the biological parent of a child that is 36 months old or younger.</p> <p>In addition, a Client must be a United States citizen, a United States national, or an alien who qualifies under 1 Texas Administrative Code §366.513.</p>	Yes



RFA No. HHS0000502	Article 2.1 (page 8)	A2A contractors must connect pregnant women, new mothers, and their children to health and human services programs. These programs include but are not limited to Medicaid, Children's Health Insurance Program (CHIP), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Family (TANF), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Early Childhood Intervention (ECI), and Nurse-Family Partnership.	The program has worked very well for 12 years with discretion as to who and when to make referrals to public programs. Eliminates discretion and expertise of Providers as to which organizations in their community are best suited to assist clients.	A2A contractors are encouraged to connect pregnant women, new mothers, and their children to health and human services programs. These programs include but are not limited to Medicaid, Children's Health Insurance Program (CHIP), Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Family (TANF), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Early Childhood Intervention (ECI), and Nurse-Family Partnership.	Yes
RFA No. HHS0000502	Article 2.1 (page 8)	A2A is designed to: reduce abortions and improve pregnancy outcomes by helping women practice sound health-related behaviors and	Legislative Mandate is that the primary purpose of the Texas Alternative to Abortion Services Program is to promote childbirth rather than abortion to women who are pregnant and may	A2A is designed to: Promote childbirth rather than abortion to women who are pregnant and may be undecided about whether	Yes



		improve prenatal nutrition; improve child health and development by helping parents provide responsible and competent care for their children; and improve families' economic self-sufficiency by helping parents continue their education and find a job.	be undecided about whether or not to have the child.	or not to have the child. Additionally, other goals of A2A include: reduce abortions and improve pregnancy outcomes by helping women practice sound health-related behaviors and improve prenatal nutrition; improve child health and development by helping parents provide responsible and competent care for their children; and improve families' economic self-sufficiency by helping parents continue their education and find a job.	
RFA No. HHS0000502	Article 2.2 (page 10)	Grants awarded as a result of this RFA will be funded on a cost reimbursement basis. Under the cost reimbursement method of funding, grant recipients are required to finance operations with their own working capital with grant payments made by HHSC to reimburse the		Grants awarded as a result of this RFA will be divided into 6 equal payments for FY18 and 12 equal payments for FY19, with payment due on the last day of each contract month. Grant recipients must submit an actual cost itemization for actual costs incurred	Yes



		grant recipients for actual cash disbursements to be supported by adequate documentation.		for the prior month in which Services were provided and the Program Report to the Contract Representative, in a manner acceptable to HHSC, by the twentieth day after the last day each month in which Services were provided. Upon HHSC's request, TPCN will provide any additional information to the degree of detail necessary to resolve any review, examination, inquiry, or audit by HHSC or any other responsible authority.	
RFA No. HHS0000502	Article 2.5 (page 11)	Client Services to be provided as part of the Proposed Project must include the following services: ... Case management for prenatal services including connecting clients to health programs	More efficient to allow counselor/mentor to determine whether case management is necessary	Move "Case management for prenatal services including connecting clients to health programs" to the next paragraph that states "Client Services to be provided as part of the Proposed Project may include the	Yes



				following services:”	
RFA No. HHS0000502	Article 2.6.1 (page 15)	The Applicant must deliver or ensure the delivery of evidence-based mentoring and case management to each client by a qualified case manager, who has at least a Bachelor’s Degree in a related social services field or is a Registered Nurse or County Health Worker.	Nonprofits in A2A program cannot afford to provide case management in all cases; many work with volunteers who may not have social services Bachelor Degree; many current providers will leave program; Alternatively cost per client will greatly increase. See attached letters from Provider subcontractors.	The Applicant may deliver mentoring to the client, and when necessary, may deliver case management to a client by a qualified case manager.	Yes
RFA No. HHS0000502	Article 2.6.6 (page 18)	All materials to be used as part of the program shall be approved in writing by HHSC prior to distribution to providers or clients.	TPCN has a full time staff person trained and approving Program materials, and it is already a very time consuming process for approval. TPCN has reviewed over 4000 educational pieces. It would take HHSC years to get to a point where Provider purchased/created educational materials could be used by Providers in conjunction with Program services.	All educational materials to be purchased and distributed with Program funds shall be approved in writing by HHSC prior to distribution to providers or clients.	Yes
RFA No. HHS0000502	Article 2.6.6 (page 18)	Applicant must ensure that all informational or educational materials are available, at a minimum, in	Some publishers have fantastic A2A materials that are not available in languages other than English. It	Applicant must ensure that all informational or educational materials purchased with Program funds	Yes



		both English and Spanish;	is silly to prohibit use of these materials in these instances.	are available, whenever possible, in both English and Spanish;	
RFA No. HHS0000502 – Uniform Terms and Conditions v 9.1.17	Article 6.01	The System Agency will own, and Grantee hereby assigns to the System Agency, all right, title, and interest in all Deliverables.	TPCN does not own BriteWorks and cannot and will not attempt to convey ownership or usage rights to HHSC.	Any BriteWorks materials that belong to TruthWorks shall remain the exclusive property of TruthWorks and shall not be deemed a “Deliverable” under the Agreement. BriteWorks PS includes the following copyrighted and proprietary materials: all software, documents, forms, checklists, staff training materials, Service Provider program manuals, billing systems, procedures, reports, accounting manuals, and program management tools used to administer a statewide Alternative to Abortion Services Program. BriteWorks PS is specifically exempt from TX HHSC RFA No. HHS0000502,	Yes



				as well as section 6.01 of the Uniform Terms and Conditions, if applicable.	
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Family Care Connection
Helping Families Flourish

January 29, 2018

To: Texas Health and Human Services Commission

Subject: Proposed changes affecting programming through Texas Pregnancy Care Network

Family Care Connection is a TPCN Provider. It is our understanding that we will possibly have to:

- Provide mandatory case management for every client.
- Require case managers to have a minimum of a Bachelor's degree in a related social service field, registered nurse or county health services.
- Make mandatory referrals to State of Texas programs.
- Limit our program eligibility to 200% or below of Federal Poverty Level for clients and adoptive parents.

We are concerned about making case management mandatory. Case management should not be a prerequisite for receiving services. In addition, this makes mentoring services secondary, which changes the core of our primary goal which is providing women with alternatives to abortion. When a woman initially seeks services she is emotional and typically needs to talk with a trained mentor. She initially just wants someone to share her story with. The bonding that happens during that first session generally determines if she is going to return and follow through with a birth plan. Having to agree to case management, makes her services feel institutionalized and can hinder the relationship she needs to establish at this critical moment.

Once a woman chooses birth and she receives an assessment and screens positive for issues such as domestic violence, chronic homelessness, chronic health issues, substance abuse, abuse of other children in the home, etc., she is then referred to a degreed case manager. Not every woman will screen positive for these issues and not every woman will agree to case management services. Some women will only need parenting education, mentoring and referral and support services. I do agree that those

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needing case management need a degreed case manager so they can develop a plan of service, receive referrals for counseling, support groups, have an advocate who will interact with Child Protective Services, law enforcement, and other institutions critical to services for this woman and her family. Because of the tough issues they are working on, the case manager's relationship with the client has to be very different from the level of relationship that is established with her mentor. Case management definitely is a positive for some clients, but can hinder the relationship with others. As an example, case management can negatively affect fatherhood programming with men, as their participation generally is about relationship. Relationship has to be established before most fathers will agree to case management. The mentoring relationship is critical for men.

It is my opinion that if we are going to successfully deliver alternatives to abortions, case management needs to remain an option and not become mandatory. Initially, we are dealing with emotions and if services feel institutionalized, women will not return for much needed services. I do agree that case managers need to be degreed as you have specified.

Most programs already make referrals to state agencies such as WIC, CHIP, TANIF, SNAP, ECI. However, if a TPCN provider already provides home visitation, there should not be a mandate that referrals be made to Nurse-Family Partnership. I am hopeful that as professional providers we are allowed to determine when and who referrals should be made to.

Many of our families are 200% or below the Federal Poverty Level. However, a large number of adoptive parents will not meet that requirement but could still need our services. After the addition of children to their family, they might not be able to afford to pay for the type of services offered free by this program. After mothers make the decision to give birth and to parent or to place for adoption, they need to know they will qualify for the services and support they need. It is also a comfort to them to know the family they are placing their precious baby or child with, can receive services as well.

It is my hope that you will consider the concerns I have presented in this letter. We look forward to another successful year of providing for the needs of abortion minded women and families who struggle with life's day to day issues.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sharron Whitaker'. The signature is fluid and cursive.

Sharron Whitaker
Executive Director
Family Care Connection



602 Main Street ~ Texarkana, TX 75501 ~ Office: 903-792-5735 ~ Fax: 903-792-5756 ~ www.firstchoiceprc.com



"To empower and encourage those affected by an unintended pregnancy to choose Life."

1st Choice Pregnancy Resource Center

"Empowering women to choose life"

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Annette Perry
Bookkeeper

January 15, 2018

Mr. Charles Smith
Executive Commissioner
Texas Health and Human Services

Via John McNamara, Executive Director, Texas Pregnancy Care Network

RE: proposed changes to Alternatives to Abortion funding terms

Mr. Smith,

I recently attended a meeting with other directors from Texas Pregnancy Care Network providers where we learned that one of the proposed contract terms would require that persons providing services for reimbursement have a Bachelor's Degree in a related social services field or be a Registered Nurse or County Health Worker. While I appreciate that the spirit of this idea is to ensure that information is being shared by qualified persons, in reality it is quite arbitrary, and will likely prove to be detrimental to the program. I know I am not alone in saying that adding this term would virtually eliminate our Center's participation in the Alternatives to Abortion program.

Our Center, which has already undergone the required scrutiny to become a TPCN provider and is monitored regularly by that organization, currently has a staff of seven paid employees, three of which are the primary providers of program services. These ladies have provided quality service to our clients for years, yet none of them fit within the proposed required parameters. We also have a team of very dedicated volunteers who also provide program services, only a handful of which have the degrees required by the proposed contract term.

Much of what makes these individuals so effective in what they do has nothing to do with their educations, degrees or certifications. Due to various life experiences, they all have the unique ability to relate to clients on a level that is effective in our line of work. These women have experienced unplanned pregnancies, were teen moms, single moms, have experienced both abortion and adoption, and have many other shared experiences with our clients. They also have different levels of formal education, but none meet the specific proposed requirements. Indeed, their unique qualifications to serve are better measured by outcomes than they are by degrees and certifications.



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We are grateful for the Alternatives to Abortion program and our clients and community have benefitted greatly from our affiliation with the Texas Pregnancy Care Network for the past 10 years. The funding we receive has allowed us to serve more clients with better quality programs year after year. I would strongly urge you to re-evaluate this proposed contract provision as, at least for our Center, it would be counter-productive and detrimental to the great work that we have accomplished in the past. I would be happy to discuss this further if you believe it would be beneficial.

Sincerely,

A handwritten signature in blue ink, appearing to read "Kristie Wright", with a long, sweeping horizontal line extending to the right.

Kristie Wright, J.D.
Executive Director

HHS Procurement and Contracting ServicesPCS 121
06.24.14**SOLICITATION ADDENDUM**

SOLICITATION ADDENDUM #: 1
for
SOLICITATION #: HHS0000502

Date: <u>01/05/18</u>	PCS Purchaser/Contract Administrator: <u>Vonda White</u> Phone: <u>512-406-2540</u> Fax: <u>512-406-2697</u>
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Due Dates: 02/01/2018 **Time Due:** 2:00 P.M.

DESCRIPTION OF THE ADDENDUM:

This Addendum is issued to reflect the following information, clarification or change(s):

1. Replace RFA Exhibit A in its entirety with the document attached below.

Failure to acknowledge receipt of this addendum may result in response rejection. Respondents may acknowledge receipt by one of the following methods:

1. Sign and return this addendum to HHSC PCS with the solicitation response; **or**
2. Acknowledge receipt of this addendum on face of your response, **or**;
3. If response has already been submitted by respondent, respondent may acknowledge receipt by signing and faxing the addendum to the fax number above prior to solicitation due date and time.

Authorized Signature: _____ Date: 1/31/18

Printed or Typed Name of Authorized Signature: _____ John

McNamara

Business Entity Name: Texas Pregnancy Care Network



SOLICITATION ADDENDUM #: 2

for

SOLICITATION #: HHS0000502

Date: <u>01/19/18</u>	PCS Purchaser/Contract Administrator: <u>Vonda White</u> Phone: <u>512-406-2540</u> Fax: <u>512-406-2697</u>
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Due Dates: 02/01/2018 **Time Due:** 2:00 P.M.

DESCRIPTION OF THE ADDENDUM:

This Addendum is issued to reflect the following information, clarification or change(s):

1. Replace **Form M: Budget Details Workbook** in its entirety with the revised Form M. See revised document loaded on the HHS website.
2. Post question received from potential respondents and HHSC's responses to those questions. See document attached below.

Failure to acknowledge receipt of this addendum may result in response rejection. Respondents may acknowledge receipt by one of the following methods:

1. Sign and return this addendum to HHSC PCS with the solicitation response; **or**
2. Acknowledge receipt of this addendum on face of your response, **or**;
3. If response has already been submitted by respondent, respondent may acknowledge receipt by signing and faxing the addendum to the fax number above prior to solicitation due date and time.

Authorized Signature: _____ Date: 1/31/18

Printed or Typed Name of Authorized Signature: John
McNamara

Business Entity Name: Texas Pregnancy Care Network

RFA No. HHS0000502



SOLICITATION ADDENDUM

SOLICITATION ADDENDUM #: 3 for **SOLICITATION #: HHS0000502**

Date: <u>01/25/18</u>	PCS Purchaser/Contract Administrator: <u>Vonda White</u> Phone: <u>512-406-2540</u> Fax: <u>512-406-2697</u>
Due Dates: <u>02/01/2018</u> Time Due: <u>2:00 P.M.</u>	
<p><u>DESCRIPTION OF THE ADDENDUM:</u></p> <p>This Addendum is issued to reflect the following information, clarification or change(s):</p> <ol style="list-style-type: none"> 1. Replace Form M: Budget Details Workbook in its entirety with the revised Form M which includes tabs for respondents to provide budget detail for FY 2018 as well as FY 2019. See the budget workbook for FY 2018 and FY 2019 loaded on the HHS website. 	

Failure to acknowledge receipt of this addendum may result in response rejection. Respondents may acknowledge receipt by one of the following methods:

1. Sign and return this addendum to HHSC PCS with the solicitation response; **or**
2. Acknowledge receipt of this addendum on face of your response, **or**;
3. If response has already been submitted by respondent, respondent may acknowledge receipt by signing and faxing the addendum to the fax number above prior to solicitation due date and time.

Authorized Signature:  Date: 1/31/18
 Printed or Typed Name of Authorized Signature: John
McNamara

Business Entity Name: Texas Pregnancy Care Network